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ABSTRACT

This document describes a practicum that was conducted to develop a training program appropriate for adult day care program aides that would meet Oklahoma state certification requirements and national standards. The training curriculum for use in delivering onsite competency-based training to students studying to become adult day care program aides was developed on the basis of information gathered during a review of the literature on existing adult day care programs, models, and approaches and interviews with adult day care providers in Oklahoma. The curriculum and training guide were successfully pilot tested at a licensed Oklahoma day care center. Appendices contain the following: a map detailing Oklahoma's state adult day care service locations; a training survey for inservice adult day care program aides; an application for the program; a training guide for adult day care program aides; and a final version of the preliminary survey post survey. The training guide includes units on the following topics: principles of adult day care; target population; administration and organization; personal care; services; staffing; facility and environmental and safety considerations; and techniques of serving individuals with Alzheimer's disease and other dementias. Each unit contains some or all of the following: trainer responsible, time estimate, handouts, objectives, and definitions of key words. Contains 23 references. (MN)

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ON SITE TRAINING FOR ADULT DAY CARE PROGRAM AIDES THAT MEET STATE CERTIFICATION REQUIREMENTS AND NATIONAL STANDARDS

PAMILEA MEDLEY

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A Practicum Proposal Presented to the Master's Programs in Life Span Care and Administration in Partial Fulfillment of the Requirements for the Degree of Master of Sciences

NOVA SOUTHEASTERN UNIVERSITY

1997

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I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

6-12-97
Date

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Signature of Student

ABSTRACT

A training program appropriate for adult day care program aides that meet state certification requirements, center policy, procedure and orientation principles and national standards is proposed. It has been determined by providers of adult day care in this state that training programs for adult day care program aides in the state are limited and sometimes inappropriate for the adult day care setting. At the present time four facilities statewide offer certification for adult day care program aides. The sites, according to center applicants, often present geographical and financial barriers to the potential students and employees. State regulations require program aides to meet nurse aide requirements or to have completed a training program of forty five hours of classroom and supervised practical instruction. The proposed training program for adult day care program aides could provide alternate and appropriate on site training opportunities.

Introduction and background discusses the concept and origin of adult day care centers in the United States, with additional information relating to state facilities as well as the center where this individual is employed. This individual's employment experience and role in implementing the proposed problem solution in the adult day care setting is explained. Literature reviews and providers of adult day care interviews are offered. The goal of the presentation states the need to recognize and implement a training program for adult day care program aides that meet state certification requirements, center policy, procedure and orientation principles and national standards. Objectives are discussed and solution strategy outlined. Implementation procedures are presented.

TABLE OF CONTENTS

Chapter Page

I. Introduction and Background 6

The setting in which the problem occurs 8

The student's role in the setting 13

II. The Problem 18

Problem Statement 23

Documentation of the problem 24

Analysis of the problem 31

III. Goal and Objectives 35

Goal 35

Objectives 36

IV. Solution Strategy 37

Review of existing programs, models, and approaches 39

Proposed solution strategy 44

Calendar plan for implementation strategy 46

V. Strategy Employed - Action Taken and Results 48

VI. Conclusions and Recommendations 65

References 76

Appendices 79

A State Adult Day Care Service Locations 79

B Training Survey for Inservice Adult Day Care Program Aides 81

C Application, Adult Day Care Program Aides, Nurse Aide Training and Competency Evaluation Program 89

D On Site Training Appropriate for Adult Day Care Program Aides That Meet State Certification Requirements and National Standards 126

E Addendum One Final Version Preliminary Survey Post Survey 303

CHAPTER 1

INTRODUCTION AND BACKGROUND

Introduction

The National Institute On Adult Daycare's publication, Developing Adult Day Care, (1983) credits the Soviet Union with the recognition and beginning of what is now known as Adult Day Care. The program began in 1942 in a psychiatric day hospital. The concept of the day hospital was to allow the patient to remain in the home environment and to continue, as much as possible, regular routines and employment. The patient would receive treatment and support services in the day hospital then return home after treatment.

The history discusses the recognition of the fact that some patients, through the course of a complete hospitalization, lost functional and social abilities. The inability of an institution to allow patients to function as independently as possible occurred, then as today, because existing staffing could not complete expected tasks of a work day. A patient is defined as one receiving medical care (Guralink, 1984). This definition supports the certainty that the patient needs assistance to some degree. Hospital staffs generally are not allowed the necessary time a patient may require to complete a task as independently as possible (Padula, 1992).

Caregivers of patients were recognized as being overwhelmed by the time and effort demanded because of the patient's illness. They could cope with some of the necessary assistance and supervision needed by the patient but could not tolerate constant responsibility. Respite was essential. The arrangement of the day hospital sometimes provided the solution for their needs (Padula, 1992).

Dr. Lionel Z. Cosin opened a program in 1950, at Crowley Road Hospital, United Oxford Hospitals in England for elderly patients. Patients were evaluated and treated then transferred to rehabilitation units where they were directed in daily living skills that would enable them to return home (Padula, 1992).

Families were expected to continue to care for them but were given support by what is described as local authority. The support services they needed were provided in the home and included many of the services available today including home healthcare, housekeeping, transportation and respite (Padula 1992).

The hospital continued to provide day hospital services that included nursing, therapy, nutrition, social services, social activities and geriatricians. Dr. Cosin was able to obtain a separate building for his day treatment for the elderly in 1958. His innovative design of networking health, social and respite services for elderly persons proved successful in preventing or delaying the institutionalization of the frail elderly. They and their caregivers were given choices that were cost effective in long term care options both personally and to society in general. Psychosocial benefits of the innovative model provided the at risk elderly, and their families of choosing viable methods of remaining in the familiar home environment they had spent their life building (Padula, 1992).

Agency Background

Mrs. Dalrie Andrews made state history when the Center, the first adult day care was opened in the basement of the First Presbyterian Church. She organized a therapeutic team consisting of a physician, nurse, occupational therapist and social worker. The team went into potential participants homes and evaluated them for possible participation in the program. Eventually the participants were evaluated in the center. No transportation was available and census was low (D L C , 1997).

The idea was new and citizens of the community were not aware or did not understand the adult day care concept. The concerned group of individuals that had managed to open the center realized that a public relations campaign was imperative and they contacted city employees for assistance. One such city employee, Mrs. Hazel Johns, came to their rescue. She discovered a location situated in a low rent housing area. The rent was granted free by the Sage Corporation of Minneapolis, owners of the housing addition. They also contributed $12,000 for remodeling the storefront. The City Housing Authority agreed to pay utility expenses for the center. They continued to receive funding from the Area Wide Aging Agency. Community Development Block Grant funds, administered by the City, became a major source of support in July 1976 and continued until 1979 (D L C , 1997).

The YWCA continued to administer the center. Staff consisted of project director and secretary based at the YWCA office. A supervisor and secretary were employed on site. An advisory committee was formed. Mrs. Andrews served as consultant. Staff automobiles were used for transportation until a used station wagon was donated. The noon meal was picked up by staff from a local hospital who had contracted for the service. The Visiting Nurse Association contracted for nursing and therapy services. Title XX, administered by the State Welfare Department, granted the first state contract and granted $5 per day per eligible participant to the center. The center operated financially on a sliding scale basis. Private pay participants were minimal. (D L C, 1997)

The YWCA withdrew its' sponsorship in 1977 and a small group of dedicated individuals formed a non profit charitable corporation that served as a sponsor of the center. Participants were asked to select another name for the center and they chose, The Center. The Center continued to remain the first and only adult day care in the state in 1977 (D L C , 1997).

Since that time other adult day cares were developed in the state. Unfortunately lack of dedicated social support, public awareness and funding sources have impeded the concept's progress and forced many established centers to close. Currently there are only twenty centers state wide in operation. Some of those centers face extinction unless they can achieve the societal and financial support they so desperately require.

The adult day health care center where this student is employed is a not-for-profit agency located in an urban area of the state. The north center has been in operation since 1974 and a satellite center opened in the south urban area in March of 1995. The north center is licensed for 70 participants per day. The south center is licensed for 30 participants. Both centers operate five days per week, Monday-Friday. The hours of operation for the north center are 6:30 a.m. to 6:30 p.m. The south center operates from

7:30 a.m. to 5:30 p.m. The average daily attendance at the north center is 61 and the south center is 16.

The north center is located in a remodeled elementary school with four acres of grounds, now called the M Center. It is situated at the geographic population center of the city, with access to nearby expressways. Other aging agencies are located in the building.

The south center is located in a free standing building within an office complex that blends beautifully within the surrounding rustic landscape. It is easily accessible to a nearby expressway and main city thoroughfare. The center serves an area that offers minimal services for elderly persons.

Administrative staff for both centers is located at the north location and consists of an Executive Director, an Executive Administrative Assistant, Director of Nursing, Director of Social Services, Program Director, Marketing Director and Transportation Director. The support staff at the north center consists of an LPN, six Certified Nurses Aides and a Transportation Driver. The south center employees a Program Director, LPN and two Program Aides. Other agencies networking with the centers provide a physician assistant, therapists and councilors. Part time employees include craft instructors. Some training agencies provide part time trainees. Volunteers are utilized from civic, social and governmental organizations.

The Mission Statement of the agency states: (D L C , 1997)

To provide community-based daytime programs of supportive health, social and recreational services of assured quality to the frail elderly and other partially disabled persons, to assist their families, and to serve as an educational resource on topics related to aging. Services are provided without regard to race, religion, creed, national origin, or limitations on ability to pay. There is a daily charge, based on a sliding fee scale. The basic fee is $25.00 per day.

In a non-institutional environment, the nurse and the therapy staff offer participants health supervision and occupational, recreational, and physical therapy aimed at both recovery of lost function and prevention of deterioration. Proper nutrition is ensured by a hot noon meal and snacks, with diets adapted to meet special needs. Those who can benefit from the Centers', programs include people with heart disease, arthritis, stroke, Parkinson's disease, Alzheimer's disease, depression, and other chronic and debilitating conditions. Many have multiple health problems. All participants must be at least wheelchair mobile. Overtly psychotic persons cannot be accommodated in the program.

In addition to the health focus, there are recreational and socialization activities including reminiscence sessions, parties, games arts and crafts projects, music, poetry, and outings. Individual and family counseling and meetings for family members are other important services.

The Center is located in a spacious building, a remodeled elementary school with four acres of grounds, now called the M Center. The location, is at the geographic population center of the city, easily accessible from nearby expressways. Cooperating agencies which also occupy space in the building include the Eldercare Access center, Area Wide Aging Agency, Senior Information Services, and Hospice of Central O, Center hours are accommodating to participants' family members who work. Participants attend one to five days a week, with enrollment ranging from short term to years. Although family members are encouraged to provide their own transportation if possible, the Center contracts with the Central O Transportation And Parking Authority to transport people, including those in wheel chairs, between their homes and the center. There are geographic limits and a modest charge.

Clients may be self-referred or referred by social service agencies, physicians, discharge planners at local hospitals, churches, etc. Each enrolled person must have a physician who can be contacted, and who remains in charge of his health care. For eligible individuals, payment for attendance at the center is available from the Department of Human Services. Cooperative relationships are maintained with a variety of community agencies.

Participants are primarily elderly, however, adults eighteen years of age and older are eligible for the program. Persons with chronic physical and mental impairments that include strokes, arthritis, heart conditions, depression, loneliness, Alzheimer' Disease, Dementia, Parkinson Disease, and others attend. Persons that require full body lifts and that are combative are not eligible for the program.

Student's Role

This individual has served the center in diverse roles. Program Director was the first role assumed. Serving in the capacity of Program Director, this individual was responsible for planning a program of activities that recognized the critical aging issues of respect, self esteem, dependency and independency. A program in which adults would find purposeful activities and interests. The program designed had to meet the needs of the group and comply with individual care plan of the participants. The program had to meet state licensure requirements that included a minimum 30 day advance plan. Those requirements are mandated in the State Adult Day Care Center Regulations, page 12, 310:605-13-1 (3).

Human Resource was another area of responsibility. The Program Director was responsible for recruitment and hiring qualified program staff, as well as providing orientation and training in program delivery. Additional duties included writing the job description, scheduling, planning in-service training and supervising other aspects of service delivery by program aides.

Serving as Program Director, it was this individual's role to meet the participants, their caregivers and to establish a professional rapport for the purpose of understanding their situations and individual needs. This rapport was valuable in the sharing of educational techniques in handling difficult behaviors or attitudes concerning participants, caregivers and staff. The provision of delivering quality services can be enhanced through the understanding of what quality of life means to each individual.

Recruiting and training volunteers was another role of the Program Director. Providing services in a not for profit center dictates the necessity for additional non paid assistance. Investigating all possible sources of volunteer assistance required forming liaisons with community and governmental agencies. Public speaking, promoting and educating individuals not familiar with the concept of adult day health care was imperative and proved successful.

The Program Director, as a part of the interdisciplinary team, monitored participants plan of care and reported results in the semi annual care conference held with participants, caregivers and team members. Intervention conferences were scheduled as necessary or program changes implemented as needs indicated.

The Program Director supervised the delivery of nutrition and the environment in which it occurred. Consultations with nursing staff and dietitian concerning individual dietetic needs occurred.

The Program Director served as transportation coordinator. Those duties involved planning routes, scheduling and choosing appropriate methods of service delivery. The job involved establishing positive relations and cooperation with the city's transportation authority and the subcontracting agencies that delivered service.

Communication, education and training drivers in behavior management and risk management was necessary.

Establishing forms for agency communication and reporting purposes between departments and other contractual agencies was another role performed. Coordination between agency departments, participants, caregiver and service providers insured that services were delivered as expected.

The Program Director was responsible for risk management in the operational facility as well as personal safety for staff and participants. Monitoring of safety duties occurred daily and were frequent topics in program delivery and in-service training for staff. The Program Director was involved in the direct delivery of activities, personal care, sanitation and any other area that assistance was required.

This individual also served as Social Services Director for both the north and the south centers. In that capacity she took calls of inquiry, gave tours of the facilities and spoke to groups about aging issues. The Social Services Director conducted scheduled intake appointments and in conjunction with other team members, accomplished participant screening assessments. Screening assessments involved gathering information concerning personal and social history, financial situation, functional abilities, interests, medical records, psychosocial status, service agencies used, and other information useful in serving the individual most appropriately.

During the intake process center policies and procedures were explained verbally and all persons given printed handouts for later referral. This information included acquiring signatures on admission agreements, releases and forms related to confidentiality, financial arrangements, transportation, rights, discharge and other information necessary.

The Social Services Director monitored participant progress and documented findings appropriately in participant charts. Communication with participant and caregivers was of paramount importance in the monitoring process in order to establish and document the status of the participant and maintain support issues with participant and caregivers.

The Social Service Director was responsible for planning or assisting the participant and caregiver for discharge. This included referral information and assistance for planning continued care after discharge. Often caregivers are overwhelmed by the time and effort required in the care of participants. The Social Services Director offered information and referral sources for their benefit. Sometimes they just needed someone to listen and the Social Services Director was placed in the role of listener.

Census is a factor in the success of any agency. It was this individual's responsibility to market and provide access to participants for participation in the adult day health care center. The center was licensed for 30 participants and now holds a license for 70.

As Social Service Director, this individual remained responsible for transportation duties that was under the Program Director's job description. Additional responsibilities were increased when the center purchased it's own vehicle and additional transportation services were offered.

The role of Social Services Director involved coordinating agency departments, caregivers and participants to become involved in those activities that would allow them to lead, as much as possible, a life of independence. The Director was to assist also in helping them to recognize their ability to learn skills designed for coping with adjustments of their present circumstances.

This individual currently serves the center in the role of Marketing Director. The responsibilities of this position are to seek opportunities of educating the public towards understanding the concept of adult day care. The Director is intended to act as an advocate for aging issues and promote the cooperation of civic, private and governmental knowledge towards the positive advantages of the adult day care setting.

CHAPTER II

THE PROBLEM

Introduction

The concept of Adult Day Care was introduced to the United States and found acceptance in the 1960's, when an English physician, Dr. Lionel Z. Cosin made several tours to the United States explaining the idea. His observations while working with older individuals motivated him to create an alternative to traditional methods of institutionalizing the elderly. Working with others in the United States, Dr. Cosin founded an adult day care program at Cherry State Hospital in Goldsboro, North Carolina. English colleagues of Dr. Cosin's, Dr. J.C. Brockelhurst, Dr. Ferguson Anderson and other geriatricians also toured the United States sharing their ideas and experiences. Americans toured the English models of adult day care centers and some of the health care personnel trained at The Cowley Road Hospital Adult Day Care, United Oxford Hospitals, England. Eventually educational centers in the United States began offering training opportunities for adult day care staff (Padula, 1992).

The Maryland State Department of Health and Mental Hygiene subcommittee published a report in 1969 concerning the purpose and requirements of an adult day care. The report was sent to requesters interested in the information and adult day care centers came into existence in different locations in the nation. In 1971, Dr. Cosin appeared before the Subcommittee on Long-term Care, Special Committee on Aging of the U. S. Senate. He discussed the concept of adult day care, sharing the hospital setting, describing the ancillary services and personal profiles of patients. He described the case history of a particular patient and concluded, " It is my belief that if Mrs. G. were in the U. S. she wouldn't have been seen in an assessment clinic for rehabilitation, that she wouldn't have been followed closely by the health service and that, if she survived her first admission, she would not have been returned to the community." His impact was influential in facilitating the establishment of United States adult day care centers (Paddula, 1992).

The Older Americans Act had been passed in Congress in 1965. Title III allowed a funding source for adult day care. In 1972 Congress began investigating alternatives to the traditional methods of institutionalization. The U. S. Department of Health Education and Welfare (PL 92-603) funded pilot programs that offered day care-homemaker services and granted additional monies to existing programs to improve and evaluate services.

The Department of Health, Education and Welfare hired an independent company, Transcentury Corporation, to examine ten of the programs granted funding to determine cost differences between the traditional institutionalization methods and the day care options. Programs were categorized as they remain currently, maintenance, social or health services. The study concluded ambiguous results. Title XX and Title XIX provided some funding for adult day care programs and they continued to exist and expand in spite of the Transcentury Corporation's study report (Paddula, 1992).

Adult day care programs are commonly specified as social or health models. They are created according to need by interested persons with the intent of providing services to prevent or delay the institutionalization of impaired adults. Adult day care centers may be not for profit or for profit entities. According to the model they are staffed at diverse levels and may exist as a volunteer program, a paid program, or the combination of both.

Services provided are also diverse according to the model and mission statement of the center. Some adult day care programs may offer respite only. Other programs may offer complete services including health, mental health counseling, nutrition, education, social services therapy, transportation, personal care and respite. Adult day care programs offer services according to the model, mission statement, funding capabilities and resources available (Paddula, 1992).

Many states have laws which recognize adult day care services. The regulations and standards are not universal and vary considerably in requirements. The regulatory bodies charged with licensing and operational responsibilities are administered through widely different departments in national, state and local governmental departments. The National Council on the Aging (NCOA) is a private, non profit organization. The National Institute on Adult Daycare (NAID) is a professional unit of NCOA. They are nationally recognized for their advocacy of elderly issues. The Training Manual for the Program Assistant in Adult Day Care states:

The National Council on the Aging, Inc. (NCOA) seeks to promote the dignity, self- determination, well being and contribution of older persons-- both as individuals and within the context of their families and volunteers and others who work with, for, and on behalf of older people. A private, nonprofit organization founded in 1950, NCOA serves as a national resource for information, training, technical assistance, research, advocacy and publications on every aspect of aging.

The National Institute on Adult Daycare (NIAD), a constituent unit of NCOA, established in 1978 and primarily composed of adult day care programs and enhance the quality of existing ones (page ii). These national organizations are recognized to promote standards of excellence for those persons and entities who endeavor to assist the aging population to achieve quality of life.

The Legislature of the State in which the subject of this paper is concerned passed " The Adult Day Care" act (SB 88) with an effective date of November 1, 1989. The purpose was to establish licensure requirements for Adult day care in the state. The Act mandated adult day care's to:

1) Provide a protective social environment which may include health remedial, restorative, and social services designed to maintain maximum independence and to prevent premature or inappropriate institutionalization of functionally impaired elderly or disabled adults.

(2) Pro vide periods of relief for family caregivers, sometimes called respite care , to enable them to continue caring for an impaired person at home.

(3) Enable family caregivers to continue gainful employment.

(Page 3, OAC 310:605 Oklahoma State Department of Health)

This enactment created legal recognition within the state and defined an adult day care center to be a site that provided a structured atmosphere and supervision for health, social, recreational, and supportive services to impaired adults. A center must hold state licensure if it serves four or more participants for longer than four hours in a twenty four hour period (Oklahoma State Department of Health, page 4, OAC 310:605).

The Act provides requirements for licensure, participant rights, organization, administration, services, staffing, safety, admissions, discharges and definitions of provisions. Licensure is administered through the State Department of Health. Another state agency regulating adult day centers is under the direction of the Department of Human Services that houses the subagency known as the Special Unit on Aging.

In 1974 one adult day care center was in existence in the state. The Area Wide Aging Agency of an urban area funded the pilot project. It was created as a therapeutic center and designed to serve the needs of impaired elderly people that were homebound. The center was sponsored by the YWCA as requested by the Area Wide Aging Agency. The effort had been initiated by an energetic older woman experienced in nursing, public health, administration, nursing homes and related services.

Problem Statement

Delivery of services in an adult day care setting is successful when those programs are conducted by trained staff using consistent approaches. Consistency of approach in the delivery of programmed activities is a phenomenon that can be observed in the measurable reports of individual participation or improved functional abilities of participants. The problem that prevents that consistency from occurring, in this state, is the availability of trained program aides certified for adult day care. Adult day care program aide training for certification is inadequate and sometimes inappropriate.

In addition, the center in which this student is employed, has discovered that the training sites currently offering a certification program presents often insurmountable barriers to the potential aides applying for positions. The barriers most often cited are lack of transportation to the training site, time factor, and financial consideration. Since on site training for program certification is not currently available to applicants at the center, many perspective talented and dedicated program aides are denied the opportunity of employment. The center has lost valuable human resources.

Adult day care centers in this state are prohibited from hiring individuals who do not hold state certification certificates for adult day care program aides. Certified adult day care program aides, according to state regulation 310:677-19-3, (Nurse Aide Training and Certification, page 21) are required to have forty five hours of classroom and supervised practical training or the equivalent. Twenty subjects are specified

There are currently only four training sites approved. Those sites offer a curriculum that are more appropriate for the needs of residential care patients rather than adult day care participants.

Documentation of the Problem

The organization's currently offering training for certified adult day care program aides have not recognized the possible barriers the potential students must overcome before enrollment in a training program is achieved. The four sites currently approved by the state to administer the training necessary for certifying adult day care program aides pose both geographical and financial barriers to most of the applicants applying to the centers where this individual is employed. The four sites currently offering training have a curriculum that has focused on residential care needs rather than adult day care participant requirements. The difference being that adult day care promotes individual independence, utilizing therapeutic activities that are socially oriented as well as health related.

Three of the four sites that offer adult day care program aide certification are located primarily in the northeastern part of the state and the other site is located north of the urban area in a rural setting. All four locations provide geographical barriers to most workers seeking positions as adult day care program aides at the centers in which this individual is employed.

The existing programs are health oriented and are taught by registered nurses who have had little or no experience and understanding in delivering an activity program. The nursing skills the curriculum focuses upon would be delivered by the nursing staff or certified nurses aide in most adult day care centers. While certification requires some demonstration of administering nursing oriented skills, a more appropriate training for activity design and delivery is essential.

The financial cost of tuition, commuting expenses, personal expenses and time factor presents other barriers to potential individuals seeking program aide positions. Adult day care aides are usually paid $5.00 to $5.15 per hour, receive few benefits and often work under extremely demanding conditions. These barriers prevent many potential applicants from becoming eligible for hiring considerations and limit the choices the employer has when selecting qualified applicants.

The nearest training site for adult day care program aides, from the center where this individual is employed, is located at a vocational technical school. The driving distance from the center is a round trip of forty six miles. The nine week course schedules evening classes. The tuition fee is $135.00 plus textbook fees of approximately $40.00.

According to *Human Resource Management*, by Robert L. Mathis and John H. Jackson, (1994), the health care field will be one of the two fastest growing occupations in the nation. They present Figure 2-6, on page 42 of their book, that lists the fastest growing occupations and the occupations that will grow the most in numbers. They do not specifically cite figures for adult day care program aides but many who apply for those positions are already employed in the health care fields. Those figures are shown in Tables 1 and 2 on page 26.

Mathis and Jackson received their figures from the U.S. Bureau of Labor Statistics, Occupational Outlook Handbook (Washington DC: U. S. Government Printing Office, 1992).

Table 1

Occupations That Will Grow The Fastest (Percentage)			
Occupation	**Employment in Thousands**		
	1990	**2005**	**Percent Change**
Home health aids	**287**	**550**	**92%**
Personal and home care aides	**103**	**183**	**77%**

Table 2

Occupations that will grow the Most (Numbers)			
Occupations	**Employment in Thousands**		
Change	**1990**	**2005**	**Number**
Nursing aides, orderlies and attendants	**1,274**	**1,826**	**552**

They consider the demographic shifts and workforce diversity by recognizing the following facts:

- Total workforce growth will be slower during the 1990s than in previous decades.
- Only 32% of the entrants to the workforce between 1990 and 2005 will be white males.
- Women will constitute a greater proportion of the labor force than in the past, and 63% of all U.S. women will be in the workforce by 2005.
- Minority racial and ethnic groups will account for a growing percentage of the overall labor force. Immigrants will expand this growth.
- Average age of the U.S. population will increase, and full-time workforce participation rates for workers over 55 will decline.
- The total number of individuals aged 16-24 available to enter the workforce will decrease.

As a result of these shifts, employers in a variety of industries will face shortages of qualified workers.

Organizations today are already seeing the effects of these trends (page 32). Mathis and Jackson recognized one implication of the aging workforce will require service industries to recruit older workers for jobs and that they will have multiple careers (page 31).

They admit that an education and training crisis exists in the United States that will only increase the quality of human resources available. They cite a report by the U. S. Department of Labor, the Secretary's Commission Achieving Necessary Skills (SCANS). The report found:

> That effective job performance is defined by workplace know-how, which is built upon foundations of skills and competencies, as well as certain personal characteristics. In a harsh commentary, the SCANS report identified that many persons entering the U.S. workforce or already in it, are deficient in one or more of the foundation skills (1994).

The center where this individual is employed would agree with the findings of this report based on the experiences gained in the course of the hiring and training process involved with the center employees. Some Executive Directors of adult day care centers in this state would also agree that the educational facilities currently offering training for adult day care program aides have not recognized the possible barriers the potential students must overcome before enrollment in the training program is achieved. They believe adult day care program aide certification should be accessible, occurring on site of employment. The training should be mobile and able to be administered at other adult day care centers requiring the service. The training should be affordable.

Literature searches revealed limited information concerning the availability or lack of availability for training opportunities concerning adult day care program aides.

The studies discovered thus far have examined issues relating to cognizant and functional ability of participants in an adult day care setting. High risk factors concerning institutionalization of participants in adult day care centers and assessment of existing adult day care centers have also been reported. Family involvement, related to caregiving, factors of emotional, physical and economic aspects of those situations have been published.

The National Institute on Adult Daycare, (1995), surveyed training programs of all 50 states and the District of Columbia and reported their results in a comprehensive report entitled, *Training The Program Assistant In Adult Day Care, How The States Are Getting It Done!* The report was completed by Jennifer L. Taylor with Mary Brugger Murphy and prepared for The National Institute On Adult Daycare, a constituent unit of, The National Council On The Aging, Inc., Washington, D.C.

The findings of this report briefly describe each state's mechanism for training without detailing the actual methods used. However, a method developed for training adult day care program aides is available in, *A Manual for Training the Program Assistant in adult Day Care*, by Mary Brugger Murphy and The Task Force on Training for The National Institute on Adult Daycare (1993).

The National Council on Aging's National Institute on Adult Daycare has designed a training manual entitled, *A Manual for Training the Program Assistant in Adult Day Care*, (1993). This manual was prepared by Mary Brugger Murphy and the Task Force on Training. The manual was specifically designed for training the adult day care program aide by persons involved in adult day care programs. The manual was designed as a tool to promote quality assurance following the effort toward standards and regulations on a national level. The training guidelines provided in this manual, supplemented by additional information that meet state certification requirements could be a viable training method that would address the problems encountered by many individuals seeking adult day care program aide certification.

The delivery of services in adult day care is primarily accomplished through the efforts of the direct care program aide. The adult day care program aide is the individual that spends the majority of time with an individual participant. It is usually the program aide that motivates participation in scheduled activities. The program aide is not generally responsible for planning the activities but is always responsible for assisting or delivering them.

The adult day care program aide, traditionally is the lowest ranked employee in the staff hierarchy and receives the lowest wages. These individuals are usually included in the statistics regarding poverty. They are sometimes referred to as, the working poor, earning $13,000.00 per year or less. They are often unable to afford adequate shelter, food, transportation, child care, or medical care. Many have not completed high school and lack training for other employable skills. Prior to state legislation enacted in 1995 adult day care program aides were not required to be certified. (Poverty, Opposing Viewpoints, by Bender & Leone, page 24, 1994)

Analysis of the Problem

Interviews were conducted with adult day care center directors and program directors concerning their experiences in hiring and training program aides. The directors operated adult day care centers that were licensed for participants from 30 to 70 per day. The day care licensed for 70 participants reported an average daily attendance of 61. The day care's licensed for 30 participants reported an average attendance of 20 per day. All directors interviewed, operated centers that are not for profit.

One director reported operating the center with 1 full time staff compromised as the center executive director. The remaining staff served in part time capacities or were retained as consultants. All staff were required to assist in the delivery of the program. The other centers reported staffing patterns that allowed full time employees and included some part time staff and consultants as required by regulations. Only designated program staff were routinely expected to deliver programming activities.

The directors reported problems in finding and keeping program aides. Reasons cited included, lack of trained applicants, often difficult demands of the job and low pay. The directors felt that the training the majority of applicants had received had not prepared them for the tasks of the job description. A typical job description could include the following:

1. Assist in delivering the activity program.
2. Prepare/Assemble equipment, supplies for activities.
3. Alert and assist participants concerning activities.

4. Possibly develop small group activities
5. Maintain activity area in a clean and safe manner.
6. Assist participants with personal care.
7. Assist participants with toileting and handwashing.
8. Assist participants into and out of center facility.
9. Assist with snacks and meal, and cleanup procedures.
10. Encourage participant to participate in activities.
11. Monitor and Maintain center in a clean and safe manner.
12. Monitor and Maintain participant and staff safety.
13. Document and report required information.
14. Assist director as needed.

The job description duties were those listed by the Executive Directors of Adult Day Care Centers, Program Directors and suggestions listed on page 114 of, *A Manual for Training the Program Assistant in Adult Day Care* (1993).

The directors interviewed felt that new staff did not understand the concept of adult day care. They stated that new staff had to be trained in the manner of approach towards participants when encouraging participation in activities. Directors confirmed that new staff typically had no knowledge of program activities and were unable to prepare and deliver the program upon assuming job responsibilities. They related the need for a training program that concentrated on the practical situational flexibility adult day care program aides must display in the course of their duties.

Dr. Shirley S. Travis, R.N. PhD, wrote a report in which she offered state statistics entitled, *Summary of Need for Adult Day Care for the State*. The data has been placed in Table 3 shown on page 34 for reference. Her conclusion was that in order to meet 1990 population demand, the state would need about 89 average centers that could operate five days per week. Appendix A indicates the location of adult day services offered in the state according to the State Adult Day Care Association.

State regulations require a staff ratio of one staff person per eight participants in a regular care unit and one staff person for five participants in an Alzheimer unit. Twenty adult day care centers were in operation statewide as of December 1995. Data concerning staffing pattern statistics were not available. Clearly, as more adult day care centers come into existence appropriate and accessible training for the additional program aides needed must be addressed.

It has been this individual's observation that delivery of services in an adult day care setting is successful when those programs are conducted by trained staff using consistent approaches. Consistency of approach and delivery is a phenomenon that can be observed in the measurable reports of individual participation or improved functional abilities of participants. The problem that prevents that consistency from occurring in this state is the availability of trained staff, certified for adult day care, is inadequate.

Table 3

Summary of Need for Adult Day Care for the State	
1990 State Population over Age 65	= 423,594
Estimated Number Who Need and will Use ADC	= 5,295
(estimate using 1.25% of the aged)	
Number of Participants Days Needed/Week	= 15,885
(based on attendance 3 x/week)	
Number of Daily Slots Needed	= 3,177
(based on centers operating 5 days/week)	
Estimate of the Current Number of Daily	
ADC Slots Available in State	= 510
(based on number of existing centers {17}	
times an average daily census capacity {30})	
Estimate of Daily Unmet ADC Need in State	= 2,667

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CHAPTER III

GOAL AND OBJECTIVES

Goal

It has been ascertained that existing training programs for adult day care program aides in this state is inadequate and sometimes inappropriate. The individuals that require the training are usually among those listed as being in the poverty level. They have special circumstances that the current training programs do not address. The training barriers most cited include adequate transportation and financial considerations. The purpose of this practicum was to recognize the need and assemble an appropriate and available training for adult day care program aides.

Program aides are an essential component in the success of any adult day care center. They are the staff that is primarily responsible for the direct care and delivery of services that adult day care participants receive. The adult day care program aide must have the appropriate and accessible training required for state certification. They must have the appropriate training that enables them to interact and deliver consistent approaches to special needs and problem behaviors that are experienced in the population the center is designed to serve.

The goal of this practicum was to compile an appropriate training program that adhered to national standards, included state certification requirements, Center policy and procedure and that could be taught on site at minimal cost.

Process Objectives

Accomplishment of this goal included the following objectives:

1. Research current adult day care program aide training programs in the field of aging.
2. Determine requirements for State certification of adult day care program aide training.
3. Review standards and guidelines adopted by the National Council on Aging's National Institute on Adult Daycare.
4. Review the Center's policy and procedure and orientation manual of operation.
5. Compile a training manual.
6. "Pilot" the training materials
7. Submit the compiled training manual for State review.

Chapter four elucidates on the methods that was employed to accomplish the goal and objectives of the practicum proposal.

Outcome Objectives

1. To demonstrate content validity of training manual through outside peer review. Three out of four reviewers will agree on content validity.
2. There will be a 75% change in learning for program aides regarding knowledge of adult day care center operation and participant care after receiving the pilot training.

CHAPTER IV

SOLUTION STRATEGIES

Introduction

The development and implementation of an appropriate training program for adult day care program aides has been an imperative issue in the adult day care center where this student is employed. A successful program would include a curriculum that embodies subjects mandated by State certification requirements, national standards and center policy and procedures. The training would occur on site, utilizing clinical opportunities available at the Center.

Adult day care centers have been shown to be an economically feasible option for those individuals age 18 years and older that cannot live completely alone but wish to remain as self-reliant as possible. Adult day care centers are designed to be community based programs. They are programs which offer the functionally impaired adult and their caregiver a structured program that includes diversified services extended according to the individual's care plan. Adult day care centers work together with the participant, caregiver and other providers to assist the participant to remain in their own home. The program aide that is primarily responsible for assisting in this endeavor must understand the concept of adult day care and how to deliver those services with that intent.

Delivering services to participants within an adult day cares setting must be accomplished by certified individuals according to state law. Adult day care program aides, in this state must have successfully completed a forty five hour training program that includes classroom and supervised clinical training. The State Department of Health regulates the certification process under Special Health Services. The regulations for certification of Adult Day Care Program Aides, (1995), is found in subchapter 19 of the Nurse Aide Training and Certification on page 21. The training requires the following subjects be included in the curriculum:

1. Ethical conduct
2. Legal Behaviors.
3. Client Rights.
4. Principles of safety to participant care.
5. Demonstrating disaster and fire procedures.
6. Cardiopulmonary.
7. Body Mechanics.
8. Infection control.
9. Nutrition and hydration.
10. Special Diets.
11. Sanitary food preparation and storage.
12. Body functions and age related changes.
13. Identifying changes related to the disease process.
14. Psychosocial needs.
15. Communication skills.
16. Mobility.
17. Assistive devices.

18. Assisting with range of motion exercises.
19. Hygiene, personal care, and comfort.
20. Providing assistance in program delivery.

Review of Existing Programs, Models and Approaches

Presently there are four training sites in this state that are licensed to certify adult day care program aides. These current sites often present geographic and financial barriers to prospective employees at the centers where this student is employed. A literature review revealed minimum documentation of the training programs concerning adult day care program aides. Interviews with two executive directors of adult day care centers disclosed the dilemma of certified staff availability.

Dr. Shirley Travis, (1995), in her report, discussed in chapter two recognized the need for additional adult day care centers and consequently the need for supporting staff in those centers. Liscensure regulations, in this state, require a minimum of one staff person per every eight participants and an additional staff person for any portion of eight participants. Services provided may also dictate additional staff. Special care, Alzheimer participants require one staff person per every five participants.

There are at present twenty adult day care centers operating in this state. A computer search from the State Nurse Aide Registry revealed that 60 individuals were certified as adult day care program aides. Not all of these individuals were employed as adult day care program aides. One of the twenty adult day care centers currently in operation has a staff of seventeen. The average adult day care center in this state is licensed for approximately 30 participants. A minimum of four staff persons per center is required, plus other specialized staff according to services offered. Figures would indicate that at least 60 additional certified adult day care program aides are now needed. New centers would increase that demand accordingly. Staffing requirements are being met in the centers by certified nurses aides. These nurses aides have been trained according to the medically related services appropriate in long term care facilities. They often do not understand the concept of adult day care and must be retrained according to the mission statement of the adult day care center in which they are employed. Delivery of successful services, revelant to the concept of adult day care requires qualified staff that have received the specialized training designed to allow the aide to recognize and act in accordance with the participants individualized plan of care within that environment

The training of certified adult day care program aides has not been documented expansively by the professionals in the adult day care field. This has been largely due to the relatively new concept of adult day care. Traditional methods of managing care for impaired adults has focused on meeting apparent health care needs and placing those adults in environments perceived by society to be protective. These safe environments are often warehouses in which the problems of daily living experienced by impaired adults are managed by aides oriented towards meeting physician's orders.

The age of aging is producing ever increasing numbers of individuals that will experience a longevity that is projected to effect the whole of society. Fernando M. Torres-Gil (1992) discusses this effect in his book, *The New Aging, Politics and Change in America*. He raises the issue of care concerning the ways in which society and particularly individual caregivers will cope with the ethical and philosophical dilemma's of an elderly majority. He recognizes the psychological impact of such a majority and asks the question, " Is it fair to foster an increased life expectancy when we give little priority to improving the quality of life for the very old." (page 27)

Library and computer searches requested through Nova Southeastern University Distance Library Services disclosed some research concerning participant data. The data examined participant profiles concerning individual characteristics, behaviors, social histories, functional levels and health care subjects. Most of the pertinent data had been conducted in the 1980's. Other literature review searches contained information relating to facilities. These studies offered facts relating to models, services offered and therapeutic methods of coping with participant needs. Research and educational studies revealed sources of literacy training for health care workers and included adult basic educational programs for learning English, reading and patient care. The literature review also disclosed studies completed involving family and caregiver dynamics of participants attending adult day care centers.

A literature review request from the National Institute on Adult Daycare, a constituent unit of The National Council on the Aging, Inc. yielded a report conducted in 1995 entitled, *Training the Program Assistant In Adult Day Care, How The States Are Getting It Done!*, by Jennifer L. Taylor with Mary Brugger Murphy. The report was accomplished by conducting a national telephone survey of adult day care providers and state governments. Fifty states and the District of Colombia were surveyed for the purpose of providing current information regarding training program assistants. The respondents of the survey were interviewed in the following areas:

1) Training currently taking place in the adult day care field.
2) Training needs in the adult day care field.
3) Annual statewide or regional conferences for adult day care providers.
4) Specific educational or experience requirements for the staff of adult day care programs, and methods and entities by which to disseminate training. (page 2)

Survey results indicated most respondents believe state associations are the best way of providing training. Lack of money and time are barriers. Travel time to and from training is another barrier. State departments role is limited by licensing and regulating, and that state agencies usually respond positively to proposals by state adult day care associations. The report briefly describes each state adult day care training program. Colleges, universities, extension services, area agencies on aging, vocational schools and other resources were reported as being utilized for training.

A demonstration project involved five states that submitted plans for the proposal. Each state sent a corp of trainers that received instruction in Washington D.C. and then returned to their communities to train other staff and volunteers. One of the five states to receive the initial training was Maryland. That state's adult day care association and the Maryland Department of Health and Mental Hygiene have cooperated in a successful training effort with a community college. They are recognized as the first to have such training offered in a community college and are supported by scholarships from the state agency. The course is non-credit 45 hour program which includes a 15 hour internship and uses the NIAD curriculum. Instructors were part of the corp trained in the Washington D.C. demonstration (Murphy, 1995).

The report explained that the state in which this individual resides has a state wide certification project. It involves certification for adult day care and five other occupations and health related services. The State Department of Health licenses adult day care services. It has a registry for approved training and testing through an application process. The curriculum and instructor credentials are reviewed and approved by the health department. The State Health Department submits a list of approved training to the Department of Vocational and Technical Education and that department performs testing procedures. The report states:

> The Department of Health also will approve national testing entities that have validated written test with studies and pass/fail ratios of the test documented. A written test will be given to those individuals who have completed and approved training; the test will be scored by the Department of Vocational and Technical Education. The individual must pass a clinical skill test with at least an 80%. The training will require 45 hours followed by a competency evaluation. If the health care assistant passes both the written and skill test, the assistant is given a wallet card, and no renewal of it is necessary. (page 51)

Proposed Solution Strategy

This student's role in the practicum effort was to compile a training curriculum, (appendix D), that followed the format developed by The National Institute on Adult Daycare's, *A Manual for Training the Program Assistant in Adult Day Care*, by Mary Brugger Murphy and The Task Force on Training for The National Institute on Adult Daycare, a constituent unit of The National Council on the Aging, Inc.. The compiled training curriculum must also include subjects mandated by The Nurse Aide Training and Certification of the State Department of Health, Special Health Services, and Center Policy-Procedure and Orientation Manual. This student has conducted interviews with adult day care providers in the state and reviewed existing training programs. This student has obtained an application form from the State Department of Health for the purpose of applying for curriculum approval for adult day care program aide certification. The Executive Director of the Center must submit the certification approval application form to the State Department of Health, Special Health Services. That department will then consider the application and notify the Center's Executive Director of approval or denial. The Center Executive Director, in consideration of budgetary and time allotment must approve an introductory in-service training conducted by the student that allows staff knowledge of the training information and format.

The Center Executive Director has examined the compiled training program and determined the quality of the material. He will submit the material to be considered by the State Department of Health, Special Health Services Unit. That unit will determine the training program certification. The student requested a copy of the instrument used by NCOA/NIAD that was devised for evaluating the training, (Appendix E), developed and published in, *A Manual for Training the Program Assistant in Adult Day Care*,(Murphy, 1995). It was necessary for the student to augment the instrument with appropriate questions involved in the certification process. The instrument was given to the participants of the in-service before the training session began. It was expected that the results would determine the strength of staff knowledge and experience. The results also indicated areas that future in-service training would focus upon. Although the training program was proposed for training new employees the initial pilot session was conducted with existing staff to determine areas that required modification.

The Manual, (1997), offers a program of eight units and approximated time segments are listed. They are designated as:

Training Unit	Approximate Training Hours
1. Unit 1 Understanding Adult Day Care	1-2
2. Unit 2 Target population	4-6
3. Unit 3 Administration and Organization	1-2
4. Unit 4 Personal Care	3-5
5. Unit 5 Services	2-4
6. Unit 6 Staffing	1-2
7. Unit 7 Facility and Environmental and Safety Considerations	2-3
8. Unit 8 Serving Individuals with Alzheimer's Disease and Other Dementias	3-5

Video presentations have a time allotment of six to eight hours and clinical experiences are allotted eight to ten hours. This program was adapted for curriculum flexibility. The time segments may be arranged according to trainer discretion Total instruction time, for certification requirements, including clinical hours are a minimum of forty five hours.

Implementation of Solution Strategy

A ten week schedule for the implementation of on site training was anticipated to begin April 1, 1997 and continue until June 1, 1997. The schedule was as follows:

Week 1 Interview adult day care providers.

Week 2 Research available training material.

Week 3 Conduct Training Survey of Adult Day Care Program Aides (Appendix B)

Week 4 Compile training curriculum.

Week 5 Continue to compile training curriculum.

Week 6 Submit application for certification to State Department of Health and implement module of training curriculum on inservice level

Week 7 Critique and analyze inservice training presentation.

Week 8 Modify, where necessary, training curriculum.

Week 9 Finalize report.

Week 10 Compile complete training procedure.

The ultimate purpose of any training program is to improve the quality and performance of trainees and thus the agency. Before that purpose can be accomplished the training program utilized should address the tasks for which the training was necessitated. Mathis and Jackson, in their book, *Human Resource Management, Seventh Edition*, (1994), has documented the demographic shift and workforce diversity that has already begun to occur. (page 31) It is the intent that the training program compiled in this practicum experience will address the needs of those changes and provide adequate preparation for the challenges that adult day care program aides will confront in their day to day experiences with the impaired adults they serve.

CHAPTER V

ACTION TAKEN AND RESULTS

Delivery of programs in a successful agency is achieved when those programs are delivered in a consistent manner by well trained program staff. Results can be measured and recorded for individual participants in the care plan and will document the related participation and functional abilities of the participant. The success or failure of this phenomenon depends on the level of training program aides have received.

The dilemma preventing consistent approaches toward delivery of programs, in this state, is the lack of availability of trained program aides that are certified. According to Adult Day Services Association of the State there are currently twenty licensed adult day cares operating in the state. Their locations are shown in Appendix A. State law requires all program aides employed in adult day care centers to have been deemed to meet nurse aide certification requirement for a residential care employer (Nurse Aide Training and Certification, page 21, subchapter 19, 310:677-19-1). That certification entails a minimum sixteen hour training program specific to the facility population. The program aide that is not certified as a nurse aide must meet the Nurse Aide Training and Certification regulations mandated by the State Department of Health, Special Health Services. That training decreed as above in the Nurse Aide Training Certification requires:

(a) The adult day care program aide training program shall include at least forty-five hours (45) of classroom and supervised practical training or the equivalent.

(b) The adult day care program aide training program shall include, but is not limited to, each of the following subject areas:

1. Ethical behaviors.
2. Legal behaviors.
3. Client rights.
4. Principles of safety to participant care.
5. Demonstrating disaster and fire procedures.
6. Cardiopulmonary resuscitation and first aid procedures.
7. Body mechanics.
8. Infection control.
9. Nutrition and hydration.
10. Special diets.
11. Sanitary food preparation and storage.
12. Body functions and age related changes.
13. Identifying changes related to the disease process.
14. Psychosocial needs.
15. Communication skills.
16. Mobility.
17. Assistive devices.

18. Assisting with range of motion exercises.

19. Hygiene, personal care, and comfort.

20. Providing assistance in program delivery.

Current certification training programs as described on page 24, in chapter II present barriers to potential students seeking employment in the centers where this individual is employed. In addition to the barriers discussed, the training offered is oriented toward long term care residential facilities whose residents generally require a more complex level of skilled nursing assistance. Training programs for Adult day care program assistants must address the difference between long term care residential facilities and the concept of adult day care.

The concept of adult day care fosters the promotion of independence for impaired adults using traditional and innovative methods of motivation and rehabilitation in a community based environment The intent of this concept enables the participant to remain at home while receiving other support services that may be necessary. Those services encompass respite for caregivers, serve as an educational resource for aging topics and provide opportunities for other support services which include health monitoring.

The solution strategy devised for solving the dilemma of training adult day care program aides was resolved by compiling an on site training program appropriate for adult day care program aides that meet state certification requirements and national standards. A ten week calendar plan, discussed in Chapter IV, page 46, was designed to provide a method of implementing the solution strategy.

This individual conducted interviews with two Executive Directors of adult day care providers and one program director. The resulting interviews disclosed the dilemma concerning availability of procuring certified program aides. They reported conducting campaigns for recruiting applicants but were disturbed at the results. Applicants were consistently unqualified or required further training for the job positions available. Often the applicants were unfamiliar with the philosophy of adult day care. The directors reported many applicants who possessed the personal attributes identified as necessary in working with impaired adults. They reported many applicants who had special talents or skills that could be valuable in delivering innovative and interesting adult programs. Directors admitted they were frequently frustrated by regulations which prohibited them from hiring those individuals because they were not certified.

The directors illustrated applicant interviews that they had conducted in which jobs were offered to applicants willing to enroll in the certification training program. A majority of the applicants were unable to accept the offers due to time, transportation, geographical, personal and financial barriers they had to combat. Program Aide positions are usually paid minimum wage and hired on an hourly basis. Most applicants felt the wages earned would not compensate for the barriers encountered. The Directors explained financial considerations of the agency did not allow increased wages for new staff. Both Executive Directors and the Program Director expressed the opinion that an on site training program modified towards their agency needs would solve staffing problems. They agreed the training should address the similar barriers faced by applicants and that the curriculum include the mandated state certification requirements.

Literature review searches divulged training approaches conducted in traditional settings such as vocational-technical schools in which instructors taught curriculums oriented toward long-term residential care facilities. Instructors qualifications included nursing and educational background with little field experience in adult day care settings. A survey conducted in 1995 by The National Institute on Adult DayCare, a constituent unit of The National Council on Aging, Inc. conveyed a report entitled, *Training the Program Assistant In Adult Day Care, How The States Are Getting it Done!,* by Jennifer L. Taylor with Mary Brugger Murphy. Fifty states and the District of Colombia were surveyed concerning their methods of training program aides. The states utilized a variety of approaches in cooperation with colleges, universities, extension services, area agencies on aging and vocational schools.

The National Council on the Aging's National Institute on Adult Daycare sponsored the most comprehensive training method this individual has reviewed. The training was prepared by Mary Brugger Murphy and The Task Force on Training. It is entitled, *A Manual for Training the Program Assistant in Adult Day Care* and was published in 1993. The manual was assembled by those working directly in the field of adult day care and provides and excellent guideline for an appropriate training program for adult day care program aides. The manual outline was used in the solution strategy for compiling the on site training discussed in the practicum report.

A training survey of adult day care program aides was conducted by this individual at two centers in the state. An example of survey questions is found in Appendix B. The survey was offered to seventeen employees and thirteen employees responded. Nine employees had been employed at the centers for one year or more and four had been employed for less than one year. One respondent was a registered nurse and the remaining twelve were certified nurses aides. Results of the survey indicated are shown on page 60 in Table 4.

The goal of this practicum was to compile an appropriate training program that adhered to national standards, included state certification requirements, Center policy and procedures and that could be taught on site at minimal cost.

In the endeavor of accomplishing a successful goal, seven process objectives were listed in chapter III on page 36. The first process objective was to research information concerning adult day care program training information. The objective was met by conducting and reviewing library searches, interviewing adult day care providers, aging agencies, and contacting state and national aging associations for relevant information.

The second process objective was attained by obtaining state documentation regarding requirements and regulations concerning the training process for certification of adult day care program aides. The resulting documentation, entitled Nurse Aide Training and Certification, Chapter 677 became effective July 27, 1995. That document provided the essential data applied towards the practicum goal.

Process objective three concerned national standards and guidelines. The National Council on Aging's National Institute on Adult Daycare was the first to develop national standards and guidelines for adult day care. They published the first book entitled, *Standards and Guidelines for Adult Day Care,* in 1984 and revised it in 1990. They are in the process of revising the book currently and expect the new version to be available in 1998. Information from the 1990 material was adapted for compiling the on site training program presented in Appendix D.

The fourth process objective concerned policy, procedure and orientation regulations utilized in the center where this individual is employed. The Center made available those manuals of operation to this student. The information from that source was reviewed and incorporated into the training program located in Appendix D.

Compiling a training manual was objective five. That objective was completed after reviewing literature sources, conducting interviews with providers of adult day care and considering contemporary training curriculums. In 1993 Mary Brugger Murphy and The Taskforce on Training made available, *A Manual for Training the Program Assistant in Adult Day Care*. The curriculum used in that program was developed by persons working in the field of adult day care. Their contribution offered a practical and appropriate general method for teaching adult day care program aides The manual was not written to be used as a script for the trainer but was intended to address specific needs and enhance the quality of services delivered by the adult day care program aides. This practicum report was formatted from that training outline and follows the eight units of training outlined in the manual. Additional information was adapted from other sources in an effort to comply with regulations and requirements mandated by state and local authorities. The compiled training program is located in Appendix D.

The sixth process objective was to pilot the compiled training program. This was attained by presenting the curriculum to staff members of the center where this student is employed. Consultations between the Center Executive Director, Assistant

Administrative Director and this student concluded that the compiled training program would be introduced to existing staff as an inservice presentation.

The results of the Inservice Training Survey, shown in Table 4 on page 60, indicated a majority of staff had not been trained in some components offered in the compiled training targeted for the program aides. The first question, define adult day care, was answered overall according to field experience. Verbally, the question was addressed by the respondents according to the areas of adult day care that they had observed in their respective observations of participant improvement, family respite and personal job responsibilities. None were aware of the origin of the concept nor had considered the concept's history. Analysis of survey results disclosed the conclusion that an introduction of the origin and history of adult day care would assist staff in fulfilling the agency's mission statement, principally the educational component.

Question two of the survey asked," What is the Center's Mission Statement ? " Eleven of the thirteen respondents indicated unknown. The Mission statement of any agency states the purpose, or reason for existence of the agency. It is recognized that a through comprehension of this critical statement enables staff to consummate the desired quality of service delivery.

Survey results delineated auxiliary areas in which appropriate training had been ignored or required review. Question thirty five requested respondents to suggest areas of training they would be interested in attending. Although question thirty two, pertaining to training received in caring for demented participants, was answered by all thirteen respondents as having been trained, a majority requested that training in that area be reviewed and augmented with recently acquired information.

After consulting with center administrative personnel it was determined that a staff inservice would serve as a pilot for the proposed training program. Time is always a limiting factor for any agency endeavor involving continued operation and total staff participation. Since the complete program involved a minimum presentation of 45 hours, it was decided to give a general overview for training intent and then limit the initial training session to content based on survey results of respondents. The remaining segments of the training would be presented in later inservice sessions. Analysis of survey results indicated that Unit 1, Understanding Adult Day Care, would be appropriate since staff had not received comprehensive information relating to the origin and history of the concept of adult day care. The eleven objectives in Unit 1 also included fundamental subjects staff had either not encountered during agency orientation or that had need of review.

Unit 1, Understanding Adult Day Care, was presented by this individual as inservice instruction to twelve of the seventeen staff members employed at two centers. Discussion following the presentation indicated favorable staff comments. Staff remarks indicated positive delivery of presentation and content. They stated knowledge relating to the concept's history and background would be of assistance when promoting the agency's marketing plan and guest relation procedures. They felt that presentation and explanation of the mission statement clarified agency purpose and allowed a better understanding of service coordination. Review of the remaining objectives, they stated, were helpful in reinforcing professional standards and conduct.

Submission of the compiled training program to the State Health Department, Special Services, for consideration of state certification was process objective seven. The process involved completing an official state document entitled, Application, Adult Day Care Program Aides Nurse Training And Competency Evaluation Programs. The application is located in Appendix C. While this individual assisted in answering sections of the document, the Executive Director of the Center was responsible for answering other sections and then submitting the document for certification. After submission of the application state officials had ninety days to review the application and approve, return for revision or deny the request. The submitted application is located in Appendix C. The center had not been notified concerning application status at the time this report was written.

Two outcome objectives were listed. The first outcome objective was to demonstrate the content validity of the training manual through outside peer review. Three out of four reviewers would agree on content validity. This was accomplished by submitting the compiled training manual to colleagues working in the field of aging and specifically in adult day care. All four of the reviewers stated that the content of the compiled training program was an outstanding training method and would appropriately equip adult day care program aides to address the tasks their job descriptions required.

The second objective stated that a 75% change in knowledge regarding change in aide attitude toward adult day care participants would be reported after receiving the pilot training. This objective shown in Table 6 on page 64, was obtained by comparing the results of the pre training survey results shown in table 4 on page 60 and the post training survey results shown in table 5 on page 62. Table 6 reflects the increase in knowledge regarding adult daycare staff after receiving the training. For example: question two asks the respondent to state the agency's mission statement. At the time of the pretest 84% of the respondents could not state the agency training. However, on the post test this was accomplished by 100 % of the respondents.

Question seven asks about physical changes with aging. The pretest indicated that only 30 % of the respondents were knowledgeable about physical changes with age. After training this changed to 100 %.

Question 13 asks for a definition of personal care. Less than half of the participants were able to determine that they were very knowledgeable at the time of the pretest. However, with the subsequent training this had increased to 100 % at the post test.

Since the concept of Adult Day Health Care Centers in this state is still a relatively new concept the training methods available to program aides have primarily focused on the needs of residential care patients. The training for those aides reflect the need for those patients that have already been removed from their homes. Those patients usually require aides that have been trained in medical procedures inappropriate to the needs of adult day care centers where the focus is maintaining or enhancing the independence of participants who remain in their home environment.

Table 4

Training Survey for Adult Day Care Program Aides
Questions
1. Briefly state the definition of Adult Day Care.
2. What is the Centers' Mission Statement ?
3. Name 5 Participant Rights.
4. What is the minimum age for eligible participants served at the center ?
5. What is the maximum age for eligible participants served at the center ?
6. List 3 reasons for adult day care.
7. Name a change in the following body systems that occur during the aging process.
8. Name a change which may occur in the following Sensory Organs.
9. List 3 reasons for safety precautions.
10. List 3 principles of communicating with participants.
11. What is the purpose of participant activities ?
12. List 3 techniques used in encouraging participants to become involved in activities.
13. Define personal care.
14. .Define Alzheimer's Disease.
15. List 3 behaviors participants with Dementia may exhibit.
16. List 3 personal traits staff should possess when caring for participants with dementia.
17. List services that are provided by the center.
18. Have you received training in proper handwashing techniques ?
19. Have you received training in the use of proper body techniques ?
20. Have you received training in universal precaution techniques ?
21. Do you understand your job description ?
22. Do you have a copy of your job description ?
23. Do you understand center participant safety precautions ?
24. Are you familiar with the centers' emergency plan ?
25. Do you understand your role in the centers' emergency plan ?
26. Do you understand center policy regarding confidentiality ?
27. Do you feel comfortable leading an activity ?
28. Are activities designed for appropriate age level ?
29. Are participants required to participate in activities ?
30. Are staff adequately trained to properly conduct expected activities ?
31. Are adequate materials available for planned activities ?
32. Are time schedules adequate to conduct successful activities ?
33. Have you received training in caring for participants with Dementia ?.
34. What was the last grade of school you completed ?
35. What type of certification do you presently hold ?
36. Are you currently certified in CPR ? First Aid ?
37. Is your present income, regarding center job, $13,000.00 per year or less ?
38. How do you rate your job satisfaction ? Satisfactory or Unsatisfactory ?
39. Suggest areas of training opportunities you would be interested in attending.
40. How many hours a week do you work at the center ?

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Table 4

Training Survey of Adult Day Care Program Aide Results

Question	Very Knowledgeable	Knowledgeable	Some Knowledge	Unknown
1.	6	3	3	1
2.			2	11
3.	3	4	6	
4.	6		1	6
5.	10	1		2
6.	9	2	2	
7.	4	6	3	
8.	6	6	1	
9.	9	2	2	
10.	12	1		
11.	7	4	2	
12.	11	2		
13.	6	3	2	2
14.	7	2	3	1
15.	13			
16.	13			
17.	9	1	3	
18.	YES 10		NO 3	
19.	YES 13		NO 0	
20.	YES 13		NO 0	
21.	YES 11		NO 2	
22.	YES 3		NO 10	
23.	YES 13		NO 0	
24.	YES 13		NO 0	
25.	YES 12		NO 1	
26.	YES 13		NO 0	
27.	YES 13		NO 0	
28.	YES 12		NO 1	
29.	YES 12		NO 1	
30.	YES 11		NO 2	
31.	YES 12		NO 1	
32.	YES 11		NO 2	
33.	YES 13		NO 0	
34.	Highschool 5 College 1 - 1year 2 - 3 years 4 - 2 years 1- 6 Years			
35.	Certification CNA-8 Food Handler-1 LPN-1 RN-1 MS-1 None-1			
36.	# Certified for CPR - 8 Certified for First Aid - 7 (one certified both)			
37.	Income from Center $13,000 per year MORE 6 LESS 7			
38.	How do you rate your job satisfaction ? Satisfactory 13 Unsatisfactory 0			
39.	# Training Suggestions 1. 5 2. 2 3. 6			
40.	45 Hours 5 40 Hours 7 20 Hours 1			

Table 5

After Training Survey Results for Adult Day Care Program Aides
Questions
1. Briefly state the definition of Adult Day Care.
2. What is the Centers' Mission Statement ?
3. Name 5 Participant Rights.
4. What is the minimum age for eligible participants served at the center ?
5. What is the maximum age for eligible participants served at the center ?
6. List 3 reasons for adult day care.
7. Name a change in the following body systems that occur during the aging process.
8. Name a change which may occur in the following Sensory Organs.
9. List 3 reasons for safety precautions.
10. List 3 principles of communicating with participants.
11. What is the purpose of participant activities ?
12. List 3 techniques used in encouraging participants to become involved in activities.
13. Define personal care.
14. .Define Alzheimer's Disease.
15. List 3 behaviors participants with Dementia may exhibit.
16. List 3 personal traits staff should possess when caring for participants with dementia.
17. List services that are provided by the center.
18. Have you received training in proper handwashing techniques ?
19. Have you received training in the use of proper body techniques ?
20. Have you received training in universal precaution techniques ?
21. Do you understand your job description ?
22. Do you have a copy of your job description ?
23. Do you understand center participant safety precautions ?
24. Are you familiar with the centers' emergency plan ?
25. Do you understand your role in the centers' emergency plan ?
26. Do you understand center policy regarding confidentiality ?
27. Do you feel comfortable leading an activity ?
28. Are activities designed for appropriate age level ?
29. Are participants required to participate in activities ?
30. Are staff adequately trained to properly conduct expected activities ?
31. Are adequate materials available for planned activities ?
32. Are time schedules adequate to conduct successful activities ?
33. Have you received training in caring for participants with Dementia ?.
34. What was the last grade of school you completed ?
35. What type of certification do you presently hold ?
36. Are you currently certified in CPR ? First Aid ?
37. Is your present income, regarding center job, $13,000.00 per year or less ?
38. How do you rate your job satisfaction ? Satisfactory or Unsatisfactory ?
39. Suggest areas of training opportunities you would be interested in attending.
40. How many hours a week do you work at the center ?

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Table 5

After Training Survey Results for Adult Day Care Program Aides

Question	Very Knowledgeable	Knowledgeable	Some Knowledge	Unknown
1.	10			
2.	10			
3.	10			
4.	10			
5.	10			
6.	10			
7.	10			
8.	10			
9.	10			
10.	10			
11.	10			
12.	10			
13.	10			
14.	10			
15.	10			
16.	10			
17.	10			
18.	YES 10		NO 0	
19.	YES 10		NO 0	
20.	YES 10		NO 0	
21.	YES 10		NO 0	
22.	YES 6		NO 4	
23.	YES 10		NO 0	
24.	YES 10		NO 0	
25.	YES 10		NO 0	
26.	YES 10		NO 0	
27.	YES 10		NO 0	
28.	YES 9		NO 1	
29.	YES 0		NO 10	
30.	YES 10		NO 0	
31.	YES 9		NO 1	
32.	YES 10		NO 0	
33.	YES 13		NO 0	
34.	Highschool 5 College 3 - 2 years 1 - 3 years 1- 6 Years			
35.	Certification CNA - 6 Food Handler - 1 RN - 1 MS - 1 None-1			
36.	# Certified for CPR - 8 Certified for First Aid - 7 (some certified both)			
37.	Income from Center $13,000 per year MORE 3 LESS 7			
38.	How do you rate your job satisfaction ? Satisfactory 10 Unsatisfactory 0			
39.	# Training Suggestions 1 - 0 2 - 2 3 - 8			
40.	45 Hours 2 40 Hours 7 20 Hours 1			

Table 6

Training Survey for Adult Day Care Program Aides
Questions
1. Briefly state the definition of Adult Day Care.
2. What is the Centers' Mission Statement ?
3. Name 5 Participant Rights.
4. What is the minimum age for eligible participants served at the center ?
5. What is the maximum age for eligible participants served at the center ?
6. List 3 reasons for adult day care.
7. Name a change in the following body systems that occur during the aging process.
8. Name a change which may occur in the following Sensory Organs.
9. List 3 reasons for safety precautions.
10. List 3 principles of communicating with participants.
11. What is the purpose of participant activities ?
12. List 3 techniques used in encouraging participants to become involved in activities.
13. Define personal care.
14. .Define Alzheimer's Disease.
15. List 3 behaviors participants with Dementia may exhibit.
16. List 3 personal traits staff should possess when caring for participants with dementia.
17. List services that are provided by the center.
18. Have you received training in proper handwashing techniques ?
19. Have you received training in the use of proper body techniques ?
20. Have you received training in universal precaution techniques ?
21. Do you understand your job description ?
22. Do you have a copy of your job description ?
23. Do you understand center participant safety precautions ?
24. Are you familiar with the centers' emergency plan ?
25. Do you understand your role in the centers' emergency plan ?
26. Do you understand center policy regarding confidentiality ?
27. Do you feel comfortable leading an activity ?
28. Are activities designed for appropriate age level ?
29. Are participants required to participate in activities ?
30. Are staff adequately trained to properly conduct expected activities ?
31. Are adequate materials available for planned activities ?
32. Are time schedules adequate to conduct successful activities ?
33. Have you received training in caring for participants with Dementia ?.

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Table 6

Training Survey of Adult Day Care Program Aide Results *

Question	Very Knowledgeable	Knowledgeable	Some Knowledge	Unknown
1.	46%	23%	23%	7%
2.			15%	84%
3.	23%	30%	46%	
4.	46%		77%	46%
5.	76%	7%		15%
6.	69%	15%	15%	
7.	30%	46%	23%	
8.	46%	46%	7%	
9.	69%	15%	15%	
10.	92%	7%		
11.	53%	30%	15%	
12.	84%	15%		
13.	46%	23%	15%	15%
14.	53%	15%	23%	7%
15.	100%			
16.	100%			
17.	69%	2%	23%	
18.	YES 76%		NO 23%	
19.	YES 100%		NO	
20.	YES 100%		NO	
21.	YES 84%		NO	
22.	YES 23%		NO 76%	
23.	YES 100%		NO	
24.	YES 100%		NO	
25.	YES 92%		NO 7%	
26.	YES 100%		NO	
27.	YES 100%		NO	
28.	YES 92%		NO 7%	
29.	YES 92%		NO 7%	
30.	YES 84%		NO 15%	
31.	YES 92%		NO 7%	
32.	YES 84%		NO 15%	
33.	YES 100%		NO	

* Due to rounding percentages do not equal 100 %

Chapter VI

Conclusions and Recommendations

Aging, a phenomenon of the world. Statisticians agree that the population aged 65 and older is growing at a faster pace than are other age groups. They also agree that this phenomenon will continue well into the twenty first century. Special considerations regarding this aged population require careful planning toward creating the modified environment that this population will demand.

Myths concerning the aging process have increased prejudicial attitudes and hinder implementation of services designed to assist aging situations. The aging process is complex and has implications that affect both the young and old. The diversity of the aging population increases the complicated role that society has begun to address.

The concept of adult day care originated in the Soviet Union in 1942 when it was observed that older patients lost functional and social abilities during the course of complete hospitalization. They also observed that caregivers were often overwhelmed by the total responsibility of caring for the patient. The problem was resolved when a combination of treatment in the hospital and care at home was instituted.

That model was developed in other countries and in the 1960's found acceptance in the United States. Finally in 1974 the first adult day care center was opened in this state. The concept remains relatively new. The state adult day care association lists only twenty centers in operation statewide. Appendix A illustrates their locations.

This practicum addressed the problem of training adult day care program aides to accomplish the tasks setforth in the center mission statement. Adult daycare program aides must be trained to maintain or enhance the abilities of program participants with the goal of allowing them to remain in their home environment. The compiled training was proven as an effective method for accomplishing this intent

Interviews with adult day care providers unveiled the problems they encountered while initiating hiring procedures. They reported difficulties in locating program aides that understood the adult day care concept and that were certified for employment.

Researching certification requirements relating to adult day care aides required procuring state regulations from the Department of Health. These regulations were decreed by state law and were essential components for inclusion in the compiled training program.

A review of the National Institute on Adult Daycare standards and guidelines was conducted to determine the requirements prescribed nationally. Those standards and guidelines were conveyed throughout the compiled training program.

Center policy, procedure and orientation manual of operation was reviewed. The information garnered included facility liscensure requirements mandated by city, county and state regulatory agencies. Those requirements were subjects addressed in the curriculum.

In addition to the facts discussed previously, the training program was compiled using the information and format discovered in The National Council on Aging's, National Institute on Adult Daycare's publication, *A Manual for Training the Program Assistant in Adult Day Care, by Murphy and The Taskforce on Training* (1993). That format was a national projected conducted by The National Institute on Adult Daycare and was assembled by persons working in the adult day care field.

A survey was conducted by this student to determine the areas in which existing staff of two adult day care centers were deficient in training. Survey results were discussed with the center Executive Director and Assistant Executive Director. Based on that consultation it was decided to implement the proposed training program as an inservice. The results of the survey is located in Table 4 on page 60.

The training program, piloted in the form of inservice was presented to employees working at the center where this individual is employed. The first unit of the program was presented and included some material from other units. Employee comments proved favorable to the presentation method and content information.

Six days following the conclusion of inservice presentation, the pre training survey was again conducted by this student. Respondent results are located in Table 5 on page 62.

Any curriculum intended for adult day care program aide state certification must be submitted to the state Department of Health, Special Services for their approval. The application for this procedure was obtained by this individual from the state agency. Portions of the application was completed by this student and was then submitted to the Center Executive Director for further data entry. The Executive Director was responsible for submitting the application to the state agency. No information has been received from the state agency at this time.

The compiled training program was submitted to four persons experienced in the field of adult day care for their review. They were requested to examine the validity of the training program and critique content and method. All four persons stated the training content and method was excellent. They stated the content was more than sufficiently adequate to provide an adult day care program aide with the knowledge and skills to perform the requirements dictated in the job description. They agreed the method used was appropriate for training an adult day care program aide and would also serve to broaden the training received by other employees involved in delivering services to adult day care participants and their caregivers.

The post training survey results demonstrated that the training the respondents had received during the inservice presentation had increased their knowledge. The results shown in percentages are shown in Table 6 on page 64. The inservice participants commented that the information clarified the adult day care concept and enabled them to relate the knowledge to their job tasks. They agreed the training was specific to job tasks and assisted in educating and communicating with both participants and caregivers. They stated the training facilitated the ability to convey the attitude of participant independence and allowed them to examine their own attitudes toward aging.

Some inservice participants commented that the method of training on site would alleviate the educational barriers they themselves had encountered. Post training results are located on Table 5 page 62.

The New Aging, Politics and Change in America, by Fernando M. Torres-Gil discusses the aging society. Torres-Gil deliberates the changing definition of old age and recognizes the need to alter the traditional system society has utilized in the past sixty years. He refers to three eras of aging, Young aging before 1930, Modern Aging from 1930 through 1990 and The New Aging from 1990 and future. He states, " Older people were viewed differently than they are today. Prior to 1930, they enjoyed respect and leadership. Later, the Modern Aging period saw stereotypes develop of older people as poor, frail, deserving and disadvantaged." He believes the "New Aging" will herald another image of older people because of generational claims, diversity and longevity. He states, " The New Aging refers to our changing views of caring for the elderly and our behavior as we become elderly."

It is evident from the literature review that the phenomenon of aging will require the present society to offer solutions towards solving the aging dilemma's encountered by a majority of the population. Those dilemmas will influence not only persons considered aged but also the persons charged with their support. This embodies governmental structure of political and financial deliberation, corporate recognition of the shifting demographic workforce and personal regard for quality of life for both young and old.

Adult day care centers have proven to be one of society's solutions towards the support of some facets of the aging dilemma. It is economically feasible and offers a choice concerning quality of life for the elderly participant, younger impaired participants and those who are charged with their support. However, the success of the concept relies on staffing adult day care centers with adequately trained personnel.

Providers of adult day care centers report training content and methods of delivery, specific to the intent of the mission are significant. The compiled training program offers a flexible teaching method directed toward the practical circumstances encountered by program aides in the normal course of fieldwork.

The proposed training when conducted on site, permits the theory to be applied as learning occurs and adds clinical experience not available in the traditional academic environment. Training conducted on site of employment addresses the barriers often encountered by program aides enabling them to earn and learn simultaneously. The training curriculum addresses the often stressful situations encountered by aides and teaches methods for coping with difficult participant situations and personal frustrations. These features of the program are expected to attract increased interest of new job applicants and thus inflate the possible choices providers of adult day care centers face when filling staff vacancies.

Any training program is only as effective as the trainer presenting the program. It is recommended that a trainer be knowledgeable and experienced. The National Institute of Adult Day Care's, *A Manual for Training the Program Assistant*, by Murphy and The Taskforce on Training (1993), states their purpose for designing the manual was due to the following comments of adult day care program assistants:

> We know what we are doing is helping these people stay at home. At the end of the day we go home too, and feel real good about our jobs. But we want to learn more about people who come to adult day care, so we can do the best job possible. They deserve the best we can give.

The authors caution that the manual was written for the trainer to use as a training guide and is not a script to be read by the aide. The manual was a national effort and they offer the following suggestions for providers when identifying a trainer,

- Most of the training would be best presented by an experienced trainer with the assistance of specialists, where appropriate.
- If the adult day care center itself has no trainer, there may be one available through another facility or organization.
- In many instances the trainer will be an adult day care staff member.
- Training responsibilities could be share among a number of staff members (the nurse covering certain topics, the social worker others, and the administrator others, for example).

The National Institute on Adult Day Care offers a program for training the trainer and has already trained trainers in many areas of the United States. Information concerning their training can be obtained by contacting the national office.

This individual requested the survey devised by NIAD after the training project was completed. The survey entitled, Addendum One Final Version Post Survey is located in Appendix E. This individual conducted the survey at the center where she was employed after the compiled training program was given as in service. The results are shown in Table 7 on page 75.

Questions one and two asked respondents to list two things they liked and disliked about their jobs. All ten respondents listed the participants as one thing they liked about their job. Low wages and difficulty in taking breaks or leave time was the thing they least liked about their job. Question four asked respondents if they hoped to be working in the adult day care field in five years. Eight of the ten replied yes. Question six asked respondents if they felt they were happier in their jobs than most people. All ten respondents answered yes. None of the ten respondents to question ten stated that they definitely disliked their work

The survey discloses respondents satisfaction with job but indicates problems with financial considerations and rest periods. This individual would recommend that providers of adult day care centers recognize that although employees enjoy the interaction with participants, low wages, difficulty in obtaining break periods and vacation time may eventually cause employees to suffer burn out.

The compiled training program was successfully shown as an appropriate training method for presentation as inservice and can be used as an orientation for new employees. Caregivers may benefit from the training program by attending presentations the center offers in family support group meetings. The community could benefit from the training through the educational lectures and demonstrations offered to them by the Center. Board members and auxiliary agencies can benefit from the training by the enhanced understanding of the concept and operation of adult day care. Vocational-technical schools, colleges and other teaching entities can adapt the training program in cooperation with adult day care centers to amplify the training opportunities offered to their student bodies. Most importantly, this training offers a solution to the barriers encountered by non certified applicants and addresses the lack of availability of qualified employees for providers of adult day care centers.

The center plans to utilize the compiled training program for use as inservice training until such time as state approval for certification is granted. If approval is granted the center will utilize the training as an instrument in providing state certification for adult day care program aides. The center will also cooperate with traditional teaching facilities willing to network in the effort of providing appropriate content and methods of training adult day care program aides.

This student is interested in obtaining training from the National Institute on Adult Daycare concerning their training the trainer program. Implementation of these plans are contingent upon the many of the same barriers encountered by program aides, specifically time management and geographical locations of the training.

This individual hopes to become certified as a trainer and present inservice training to adult day care centers, affiliated groups, civic organizations and workshops on aging. Conference presentations are planned for The South West Conference on Aging and State Aging Conference. Submission of an article to the Journal of Gerontology is also contemplated.

Table 7

Addendum One Final Version Post Survey
1. What two things about your job give you the most pleasure ?
2. What two things about your job give you the least pleasure ?
3. If you had your life to live over, would you wind up in the same line of work ?
4. Do you hope to be working in the adult day care field five years from now ?
5. Have you had prior training in this field ?
6. I am happier in my field than most people.
7. Most days I am enthusiastic about my work.
8. Each day seems like it will never end.
9. I definitely dislike my work.
10. I find real enjoyment in my work.
11. I will probably look for a new job in the next year.
12. I often think about quitting.
13. The older you get the more set in your ways you become.
14. Old age starts at different ages for different people.
15. Old people too often like to meddle in other people's business.
16. Older people become grouchy and stubborn with the years.
17. Old people can, and are, learning new things all the time.
18. Older people cannot expect to lead a completely full or satisfying life.
19. As you grow older, you become less useful.
20. People get shorter as they grow older.
21. You can't teach an old dog new tricks.
22. I think it is usually a mistake for people over 65 to marry.
23. I believe a person is really glad to retire form work.
24. Old people usually don't talk very much.
25. Old people are adjusting to new conditions all the time.
26. There should be special radio and TV programs for old people.
27. Old people like to boss everybody.
28. As you grow older you must expect to depend upon others.
29. A person should always try for something better, no matter how old he/she is.
30. I prefer to be with people of my own age.
31. Older people need special foods.
32. Physical exercise of some kind is good for you as you grow older.
33. Gender Male Female
34. Education: Less Highschool H S diploma Some college BS / BA Graduate
35. Ethnicity: African American A Indian/Alaskan Native Asian/Pacific Islander
36. Age: Under 30 30 -39 40 -49 50 -59 60 and over
37. Experience in field:
38. Job Title
39. How long have you worked at your present adult day care center ?
40. How many hours a week do you work at the adult day care center ?

Adapted from NIAD Survey located Appendix E

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Table 7

Results Addendum One Final Version Post Survey
1. Participants 10 Staff 4 Attitudes 2 Support Group 1 Health Services 3
2. L Wages 7 Bathrooming 4 Participant Deaths 1 Break/Leave 5 Paperwork 3
3. YES 7 NO 3
4. YES 8 NO 2
5. YES 6 NO 4
6. TRUE 10 FALSE 0
7. TRUE 10 FALSE 0
8. TRUE 0 FALSE 10
9. TRUE 0 FALSE 10
10. TRUE 10 FALSE 0
11. TRUE 0 FALSE 10
12. TRUE 0 FALSE 10
13. TRUE 5 FALSE 5
14. TRUE 10 FALSE 0
15. TRUE 1 FALSE 9
16. TRUE 3 FALSE 7
17. TRUE 10 FALSE 0
18. TRUE 2 FALSE 8
19. TRUE 0 FALSE 10
20. TRUE 10 FALSE 0
21. TRUE 0 FALSE 10
22. TRUE 0 FALSE 10
23. TRUE 3 FALSE 7
24. TRUE 0 FALSE 10
25. TRUE 10 FALSE 0
26. TRUE 10 FALSE 0
27. TRUE 3 FALSE 7
28. TRUE 5 FALSE 5
29. TRUE 10 FALSE 0
30. TRUE 0 FALSE 10
31. TRUE 7 FALSE 3
32. TRUE 10 FALSE 0
33. MALE 1 FEMALE 9
34. HIGHSCHOOL 3 SOME COLLEGE 5 BS/BA 1 GRADUATE 1
35. AFRICAN AMERICAN 1 WHITE (not of Hispanic Origin) 9
36. AGE Under 30 0 30 - 39 6 40 - 49 2 50 - 59 1 60 and Over 1
37. EXPERIENCE IN FIELD Less 1 year 3 1 year 4 3 years 1 4 years 2
38. JOB Social Service 1 RN 1 Transportation 1 Program Aide 7
39. CENTER JOB Less 1 year 3 1 year 4 3 years 1 4 years 2
40. HOURS WORKED 20 hours 1 40 hours 6 45 hours 3

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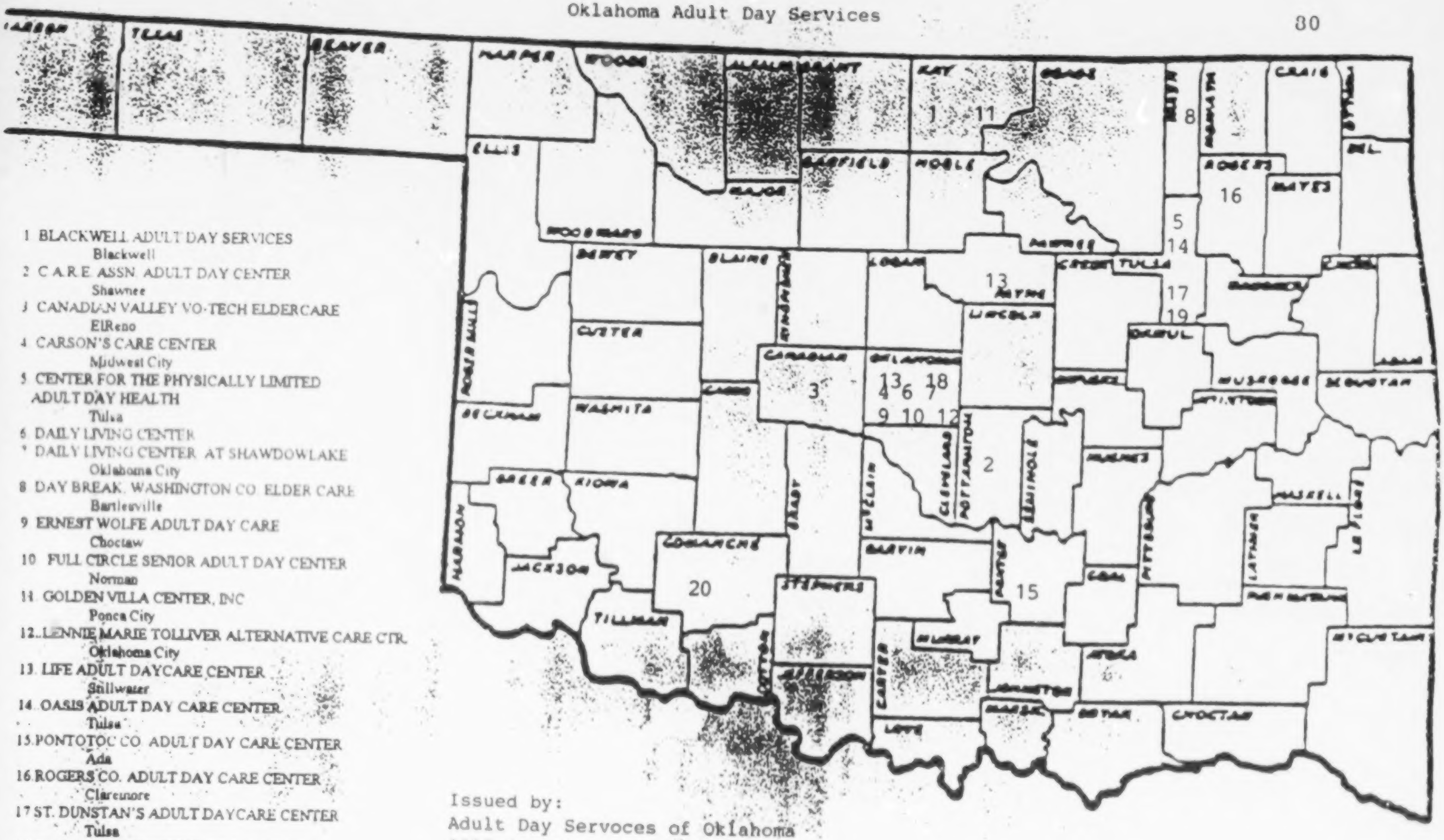
Appendix A

State Adult Day Care Service Locations

Oklahoma Adult Day Services


CIMARRON
TEXAS
BEAVER
HARPER
WOODS
ALFALFA
GRANT
KAY
OSAGE
NOWATA
CRAIG
OTTAWA
ELLIS
GARFIELD
NOBLE
MAJOR
ROGERS
MAYES
DEL.
WOODWARD
PAWNEE
DEWEY
BLAINE
KINGFISHER
LOGAN
PAYNE
CREEK
TULSA
WAGONER
CHEROKEE
ROGER MILLS
CUSTER
LINCOLN
OKMULGEE
ADAIR
CANADIAN
OKLAHOMA
CADDO
MUSKOGEE
SEQUOYAH
BECKHAM
WASHITA
OKFUSKEE
McINTOSH
GREER
KIOWA
McCLAIN
CLEVELAND
POTTAWATOMIE
SEMINOLE
HUGHES
HASKELL
LE FLORE
HARMON
PITTSBURG
LATIMER
JACKSON
COMANCHE
GRADY
GARVIN
PONTOTOC
COAL
TILLMAN
STEPHENS
MURRAY
PUSHMATAHA
COTTON
JEFFERSON
CARTER
JOHNSTON
ATOKA
McCURTAIN
LOVE
MARSHALL
BRYAN
CHOCTAW
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15

1 BLACKWELL ADULT DAY SERVICES
Blackwell
2 C.A.R.E. ASSN. ADULT DAY CENTER
Shawnee
3 CANADIAN VALLEY VO-TECH ELDERCARE
ElReno
4 CARSON'S CARE CENTER
Midwest City
5 CENTER FOR THE PHYSICALLY LIMITED ADULT DAY HEALTH
Tulsa
6 DAILY LIVING CENTER
7 DAILY LIVING CENTER AT SHAWDOWLAKE
Oklahoma City
8 DAY BREAK, WASHINGTON CO. ELDER CARE
Bartlesville
9 ERNEST WOLFE ADULT DAY CARE
Choctaw
10 FULL CIRCLE SENIOR ADULT DAY CENTER
Norman
11 GOLDEN VILLA CENTER, INC
Ponca City
12 LENNIE MARIE TOLLIVER ALTERNATIVE CARE CTR.
Oklahoma City
13 LIFE ADULT DAYCARE CENTER
Stillwater
14 OASIS ADULT DAY CARE CENTER
Tulsa
15 PONTOTOC CO. ADULT DAY CARE CENTER
Ada
16 ROGERS CO. ADULT DAY CARE CENTER
Claremore
17 ST. DUNSTAN'S ADULT DAYCARE CENTER
Tulsa
18 TENTH STREET BETTER LIVING CENTER
Oklahoma City
19 TULSA SENIOR SERVICES ADULT DAY CARE
Tulsa
20 WINTERGREEN ADULT DAY CARE
Lawton

Issued by:
Adult Day Servoces of Oklahoma
5317 S. Atlanta Ave
Tulsa, Oklahoma 74105

10/96

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Appendix B

Training Survey for Inservice Adult Day Care Program Aides

Training Survey for Adult Day Care Program Aides

The survey is not a test. Any question may be answered by no comment . Respondent's names are not required and participation is voluntary. Survey response will be used by this student in conjunction with curriculum report.

1. Briefly state the definition of Adult Day Care.

____

____

2. What is the Center's Mission Statement?

____

____

3. Name 5 Participant Rights.

1.____
2.____
3.____
4.____
5.____

4. What is the minimum age for eligible participants served at the Center ?_____

5. What is the maximum age for eligible participants served at the Center ?_____

6. List 3 reasons for adult day care participation.

1.____

2.____

3.____

7. Name a change which may occur in the following body systems that occur during the aging process.

1. Cardiovascular System______________________________
2. Respiratory System______________________________
3. Urinary System______________________________
4. Digestive System______________________________
5. Musculoskeletal System______________________________
6. Nervous System______________________________

8. Name a change which may occur in the following Sensory Organs.

1. Sight______________________________
2. Hearing______________________________

3. Taste____

4. Smell____

5. Touch____

9. List 3 reasons for safety precautions.

1.____

2.____

3.____

10. List 3 principles of communicating with participants.

1.____

2.____

3.____

11. What is the purpose of participant activities ?____________________

____

12. List 3 techniques used in encouraging participants to become involved in activities.

1.____

2.____

3.____

13. Define personal care. ____

____

14. Define Alzheimer's Disease. ____

____

15. List 3 behaviors participants with Dementia may exhibit.

1. ____

2. ____

3. ____

16. List 3 personality traits that a staff person should possess when providing care to participants with dementia.

1. ____

2. ____

3. ____

17. List services that are provided by the Center. ___________________________

____

____

18. Have you received training in proper handwashing techniques ?_____

19. Have you received training in the use of proper body techniques ?_____

20. Have you received training in universal precaution techniques ?_____

21. Do you understand your job description ?_____

22. Do you have a copy of your job description ? _____

23. Do you understand Center participant safety precautions?_____

24. Are you familiar with the Center's emergency plan?______

25. Do you understand your role in the Center's emergency plan?_____

26. Do you understand Center policy regarding confidentiality ?_____

27. Do you feel comfortable leading an activity ?_____

28. Are activities designed for appropriate age level ?_____

29. Are participants required to participate in activities ?_____

30. Are staff adequately trained to properly conduct expected activities ?_____

31. Are adequate materials available for planned activities ?_____

32. Are time schedules adequate to conduct successful activities ?_____

33. Have you received training in caring for participants with Dementia ?_____

34. What was the last grade of school you completed ?__________________________

35. What type of certification do you presently hold ?__________________________

____

36. Are you currently certified in CPR ?__________________First Aid

37. Is your present income $13,000.00 per year or less ?_________________________

(Regarding the job you presently hold at the Center)

38. How do you rate your job satisfaction ?

Satisfactory______ Unsatisfactory_____

39. Suggest areas of training opportunities you would be interested in attending.

1.____

2.____

3.____

40. How many hours a week do you work at the center ? ____________________

Appendix C

Application, Adult Day Care Program Aides, Nurses Aide, Training and Competency Evaluation Programs

APPLICATION

Adult Day Care Program Aides
Nurse Aide Training
AND
Competency Evaluation Programs

Oklahoma State Department of Health
Special Health Services-0702
Nurse Aide Registry
1000 NE 10th
Oklahoma City, OK 73117-1299

Oklahoma State Department of Health
Special Health Services

ODH Form No. 743F
(09/95)

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General Information

The Oklahoma State Department of Health (OSDH) is responsible for implementing rules and approving programs that meet Federal and/or State requirements for a nurse aide training and competency evaluation program.

The application and necessary forms are enclosed. Please retain a copy of the original application and forms in your files and prepare additional copies for use as needed.

The completed application and application fee of fifty dollars ($50.00) must be returned to:

Oklahoma State Department of Health
Special Health Services-0702
Nurse Aide Registry
1000 NE 10th
Oklahoma City, OK 73117-1299

An approved program shall notify the OSDH when there are substantive changes made to the program.

Please call the Nurse Aide Registry staff at (405) 271-4085 or 1-800-695-2157 if you have questions about this information. We appreciate your participation and look forward to working with you.

Sincerely,

Marietta Lynch, RN
Director, Nurse Aide Registry
Special Health Services

Application

The application for a State approved nurse aide training and competency evaluation program determines if the program meets the Federal and/or State requirements for such programs. All information shall be a public record. The Department shall notify an applicant within ninety (90) days of its decision.

Instructions:

1. Read the instructions carefully and complete the appropriate forms as indicated. Additional pages may be inserted if the allotted space is not sufficient.
2. Label the appropriate forms for the specific section; i.e., Section #______ Page # ________.
3. Indicate NA (not applicable) on forms as necessary.
4. Submit the complete Application and application fee of fifty dollars ($50.00) to:

Oklahoma State Department of Health
Special Health Services-0702
Nurse Aide Registry
1000 NE 10th
Oklahoma City, OK 73117-1299

Entity Name: The Daily Living Centers, Inc.

Mailing Address: 3200 NW 48

Oklahoma City, Oklahoma 73112
City State Zip

Contact Person: Mr. Bill Weaver Executive Director

Telephone: (405) 949-1197
Area Code/Telephone Number

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Program Category:

Please check one:

_x_ Facility Program
____ Accredited Higher Education Institution
____ State Vocational and Technical Education School
____ Private Vocational School
____ Other

A private Vocational School shall submit a copy of the license issued by the Oklahoma Board of Private Vocational Schools. Attachment # NA

Program Eligibility:

The Department shall not approve, or shall withdraw approval of an employer based program when the employer has been assessed the following penalties or actions by the Department:

1. **License suspended or revoked or had a conditional license issued.**
2. **An administrative money penalty of five thousand dollars ($5,000.00) or more for deficiencies cited under state licensure.**
3. **Closed or had its participants transferred pursuant to the OSDH's action.**

I, Mr. Bill Weaver, Executive Director
Name of Administrative Official

1. Agree that the OSDH may not approve or shall withdraw approval for a nurse aide training and competency evaluation program on finding that any of the reasons for such action occur.
2. Verify that the facility is eligible to provide a nurse aide training and competency evaluation program.

Bill Weaver
Signature of Administrative Official

/ /
Date

Section I. Records and Evaluation

A nurse aide training and competency evaluation program shall use a Trainee Performance Record approved by the OSDH that indicates the major duties and skills taught.

The Trainee Performance Record shall include, but not be limited to:

1. A listing of the duties and skills expected to be learned in the program.
2. A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.
3. The name of the instructor or evaluator supervising the performance.

Submit a copy of the Trainee Performance Record form. Attachment # ______

A program shall retain the following records for at least three (3) years:

1. Application for the nurse aide training and competency evaluation program.
2. Trainee performance record and individual training records.
3. Trainee's performance on the competency evaluation program, i.e., successful or unsuccessful.

Describe the method used for retaining the required records safely for at least three (3) years. Attachment #________

Training Program Information:

An approved program shall provide current written information to applicants about:

1. Policies for admission and satisfactory completion of the program.
2. Purpose and objectives of the program.
3. Trainee rights and responsibilities.
4. Successful completion of a nurse aide training and competency evaluation program results in the individual being listed in the OSDH's nurse aide registry.
5. State law requiring employers to secure an Oklahoma State Bureau of Investigation criminal arrest report.

Provide a copy of the written information, (items 1 though 5 listed above), that is provided to applicants. Attachment # ______

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Section II. Charges

If there is to be a charge, submit an itemized list of charges made to trainees.
Attachment # No Charge

Section III. Trainees

The trainee shall be appropriately identified as a trainee whenever the individual is performing the required clinical skills training.

Describe the method used to identify trainees.

Trainees are identified by the completion and acceptance of application for employment at The Daily Living Centers, Inc., and is an individual who is enrolled in and has begun but has not completed, a training program.

Section IV. Clinical Facilities

An educational based program shall submit a list of clinical facilities and a copy of letters of agreement for use of the clinical facilities signed by the nursing clinical site administrator and the program administrative official.
Attachment # NA

Section V. Instructors

General Information: You must notify the nurse aide registry for approval any time a change occurs in the following areas: course location, curriculum, or program instructors.

Instructors for the training of adult day care program aides shall be an individual who has training experience and a strong knowledge of adult day care acquired through education or experience.

Other personnel from the health professions may supplement the instructor as required by the curriculum.

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Complete the attached Instructor Qualification Record for each person serving as an instructor. Additional copies of the Instructor Qualification Record form can be made and attached.

Instructor Qualification Record

Training Entity Name: The Daily Living Centers, Inc.

Training Entity Location: 3200 NW 48 Oklahoma City, Oklahoma 73112
Street City Zip

I. Instructors: (Name)

Mr. Bill Weaver

Refer to the attached resume.

A. Indicate instructors experience in training and education or experience in adult day care:

Ms. Maggie Miller, RN, Director Nursing, The Daily Living Centers, Inc. Nursing and Health Related topics.

II. Supplemental Instructor and area of expertise:

Qualified supplemental Instructors as related to training units and specialized curriculum subjects.

Administrative Official, Co-Signature ____________________

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Section VI. Curriculum

For a training and competency evaluation program to be approved it shall include:

a. **At least forty-five (45) hours of classroom and supervised practical training.**
b. **An approved curriculum.**

1. Name of Curriculum: On Site Training for Adult Day Care Program Aides
(Must be a State approved curriculum)

Total Classroom hours: 45
Total supervised practical training hours: 35
Total clinical hours: 10

2. Submit a copy of your course outline. Attachment # 4

Section VII. Environment

The nurse aide training and competency evaluation program shall provide an environment conducive to learning. This shall include at least the following: heating and cooling temperature controls; clean and safe conditions; adequate space to accommodate all trainees; adequate lighting; necessary functioning equipment; training materials including audiovisual equipment and freedom from distractions, traffic and other activities.

1. Indicate the largest number of trainees the classroom can accommodate.
5

2. Location of classroom. 3200 NW 48, Okc., Ok.

	Yes	No	Date	Comments
Temperature Controls 71 - 81 degrees				
Heating	x			
Cooling				
Clean, Safe Conditions				
Floor clean, uncluttered	x			
Electrical outlets available and working	x			
Wastebaskets	x			
Clock Available	x			
Environmental hazards (identify & list on separate page)		x		
Space				
Adequate number of chairs	x			
Adequate number of desks	x			
Adequate space for trainees, equipment and materials.	x			
Lighting				
Direct lighting				
Suitable for tasks to be performed	x			
Indirect lighting				
Minimal glare	x			
Equipment & Training Materials				
Overhead projector, if needed	x			
Reference books and materials	x			
Supplies	x			
Clinical Skills Lab				
Clinical skills lab provides space for equipment and trainees	x			
Mannequin, if needed	x			
Basic skills supplies, i.e., bath basin, personal care items, blood pressure equipment, patient beds, among others	x			
Handwashing facility easily accessible	x			

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Section VIII. Competency Evaluation Program

Written Oral Evaluation:

An approved program shall make the written or oral and skills examinations available to trainees and shall inform the trainee about the competency evaluation program that is available on successful completion of the training program.

Describe where/how the written or oral test is made available to trainees.

After completion of training testing will be accomplished by Eastern Oklahoma County Area Vo-Tech Center, 4601 N. Choctaw Road, Choctaw, Oklahoma

Appointments will be made for testing according to Vo-Tech.

Clinical Skills Evaluation:

The clinical skills demonstration shall be:

(1) performed in a setting comparable to the setting in which the individual will function as a nurse aide:

Indicate where the clinical skills demonstration part of the competency evaluation program will be administered.

The Daily Living Centers, Inc., 3200 NW 48, Okc., Ok.

Clinical Skills Observer:

If clinical skills testing is going to be performed at your training site, complete the information below and attach a copy of the record certifying the observer has completed the clinical skills observer course. Attachment # NA

The clinical skills observer from Eastern Oklahoma County Area
Name Vo Tech will conduct clinical skills testing at DLC.

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1. Listing of duties and skills expected to be learned in the program.

Unit 1

1. Definition of Adult Day Care
2. State the philosophy of center.
3. List Participants' rights
4. Describe two key principles of adult day care: the interdisciplinary team and the therapeutic milieu
5. Describe the relationship of adult day care to the continuum of care
6. Describe the limits of adult day care.
7. List the major responsibilities of the program aide
8. Identify the key points in observation, recording, and reporting responsibilities
9. State the key points in the aide's responsibilities for marketing and guest relations
10. List important personal attributes of the aide.
11. Describe the most important elements in the aide's relationship with the participants' families or caregivers

Unit 2

1. Define the target population served in the center.
2. Describe the aide's own attitudes toward aging.
3. List the major psychosocial changes of aging.

4. Define cultural awareness.
5. List the major changes during the aging process for each of the body systems.
6. Identify sensory losses.
7. Describe the experience of simulating sensory losses and state measures to compensate for the sensory losses.
8. Identify some common illnesses and diseases associated with aging

Describe the impact and implications of the illnesses and diseases for the aide and participant.

Unit 3

1. Locate the aide's place in the organization chart.
2. State any specific responsibilities of aides in the organization plan.
3. List the contents of a participant record.
4. List the rules for recording in the participant record.
5. Complete a report according to the rules.
6. List the reasons for extra safety precautions
7. Describe the center's emergency plan.
8. State extra safety precautions necessary.
9. Describe the aide's role in an emergency.
10. Define an occurrence that requires the completion of an incident report and describe the center's policies and procedures for reporting.

Unit 4

1. Define personal care.
2. List the basic principles and essential steps for all personal care services.
3. Demonstrate proper handwashing.
4. State the universal precautions/exposure control measures used in the center.
5. Demonstrate proper body mechanics.
6. Demonstrate proper techniques in assisting with ambulation and transfer.
7. proper techniques in feeding.
8. Demonstrate proper techniques in providing the grooming services offered at the center.
9. State the important principles in toileting
10. Demonstrate ostomy care.
11. Demonstrate bathing.

Unit 5

1. State the importance of the individual plan of care and describe the steps in its development.
2. List the essential services provided in an adult day care center.
3. Describe the role of therapeutic activities in the individual plan of care.
4. Describe the keys to leading a group successfully.

5. Describe the principles of the food guide pyramid.
6. Identify five types of dietary needs.
7. Describe the written agreements and procedures related to the provision of emergency care.
8. Describe the role of the program aide in relation to nursing, social services, education, and transportation.
9. Demonstrate proper techniques in escorting a participant.
10. Describe the role of a program aide in relation to speech, physical and occupational therapy services.
11. Describe the proper techniques for therapies or treatments that are part of the aide's job.
12. Define range of motion and state the guiding rules for it.

Unit 6

1. State the basic requirements for all staff.
2. State the basic tenets of the personnel policy.
3. Locate the position of the program aide in the organization chart.
4. List the responsibilities included in the aide's job description.
5. Demonstrate understanding of observations.
6. State the components of a verbal report.
7. List those things a program aide does not do.
8. Define personal accountability.

9. Define the interdisciplinary team.

10. Explain confidentiality.

11. State the important principles of communicating with participants.

12. State the important principles of communicating with staff.

13. Define nonverbal messages.

14. Demonstrate proper methods of communication by role-playing.

15. List techniques for dealing with the challenges of working in adult day care.

Unit 7

1. Walk confidently through the facility.

2. Locate essential areas and equipment.

3. Relate information on the aging process to the facility design.

4. Relate programming goals to the facility.

5. Explain safety and sanitation policies and procedures.

6. Relate information from Unit 3 to the facility.

7. Relate information from Unit 4 to the facility.

Unit 8

1. Describe the special characteristics of an adult day care program serving participants with AD.

2. List the most common symptoms of AD.

3. List the six principles of good care.

4. Describe the essential personality's of a program aide caring for participants with AD.
5. Describe the special considerations in providing personal care for participants with AD.
6. Identify the characteristics of appropriate therapeutic activities.
7. Explain the reasons for special adaptations of the physical environment.
8. Identify special safety concerns.
9. Demonstrate the special techniques for listening to participants with AD.
10. Demonstrate the special techniques for communicating with participants with AD.

Demonstrate appropriate interventions to avoid anticipated behaviors that could cause problems.
2. Record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.

The trainee will complete a written test and/or a physical/verbal demonstration upon completion of each training unit. The trainee will complete a written test and/or a physical/verbal demonstration concerning the entire training program at the completion of the training program. Satisfactory performance will indicate correct answers or demonstration of 80% of expected response. Unsatisfactory performance will indicate correct response of 79% or less.

Executive Director, Bill Weaver or Director of Nursing, Maggie Miller, RN will evaluate or supervise performance.

2. Trainee Performance Record

Unit________ Date________

Name____
Last First Middle Inital

1. Question____
   Response____
2. Question____
   Response____
3. Question____
   Response____
4. Question____
   Response____
5. Question____
   Response____

Approximately 20-25 questions per Unit.

Satisfactory____________________ Unsatisfactory____________________

Instructor/Evaluator______________________________ Date______________

Section 1 Records and Evaluation
Attachment 1
Page 5

3. The name of the instructor or evaluator supervising the performance.

Mr. Bill Weaver, Executive Director, The Daily Living Centers, Inc.

Section 1. Records and Evaluation
Attachment # 2
Page 5

1. The method used for retaining the required records safely for at least 3 (3) years.

The Assistant Administrator Kathy Eskew will file trainee records alphabetically by trainee's last name. Required records will be retained at The Daily Living Centers, Inc. located at 3200 NW 48, OKC., Ok. 73112. Records will be stored for a period of not less than three years in the designated storage area with other required documentation pertaining to center operation.

Section 1 Records and Evaluation
Attachment #3
Page 5

1. Training Program Information

The policy for admission and satisfactory completion will include:

1. The completion of attached application for Employment for the Daily Living Centers, Inc.
2. The student will receive a copy of the purpose and objective of the program.
3. The student will receive a copy of trainee rights and responsibilities.
4. The student will, upon successful completion of training, be listed in the OSDH's nurse aide registry.
5. The Daily Living Centers, Inc. will obtain an Oklahoma State Bureau of Investigation criminal arrest report for each trainee.

Daily Living Centers, Inc

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status We are an equal opportunity employer

Position Applied For

Date of Application

Last name

First name

Middle name

Address *Number* *street* *city* *state* *zip*

Telephone Number(s)

Social Security Number

Are You Currently Employed ? ☐ Yes ☐ No

May we contact your present employer ? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain ______________________________

____

____

When would you be available to begin work ? ______________________________

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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EMPLOYMENT EXPERIENCE

PLEASE START WITH YOUR PRESENT OR LAST JOB LIST THE LAST THREE JOBS YOU HAVE HELD IF YOU FEEL IT WOULD BENEFIT YOUR APPLICATION , YOU MAY LIST OTHER POSITIONS ON THE BACK OF THIS PAGE , A SEPERATE SHEET OF PAPER OR SUBMIT A COMPLETE RESUME YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN,GENDER , HANDICAP OR OTHER PROTECTED STATUS

1.

Employer		Length of Service		Work performed
Address				
Telephone Number(s)				
Position Title	Supervisor	Hourly Rate/salary		
		starting	final	
Reason for leaving				

2.

Employer		Length of Service		Work performed
Address				
Telephone Number(s)				
Position Title	Supervisor	Hourly Rate/salary		
		starting	final	
Reason for leaving				

3.

Employer		Length of Service		Work performed
Address				
Telephone Number(s)				
Position Title	Supervisor	Hourly Rate/salary		
		starting	final	
Reason for leaving				

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EDUCATION

	Elementary school	High school	College/University	Graduate Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe any specialized training or skills you have acquired				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List Professional, Trade, Business or Civic Activities and Offices Held

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status

References

Give name, address and telephone number of three references who are not related to you and are not previous employers

1

2

3

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Are you physically or otherwise unable to perform the duties of the job for which you are applying ? ☐ **Yes** ☐ **No**

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience

Please feel free to include anything you feel may benefit your application for this position

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Section 1 Records and Evaluation
Attachment #3
Page 5

3. Training Program Information Purpose and Objective.

The purpose and objective of the proposed on site training program for adult day care aides is to provide appropriate training for adult day care program aides that meet state certification requirements and center policies and procedures. The attached mission statement of the agency states the purpose and objective of the center. The proposed training program is an effort to provide instruction for trainees in the endeavor to provide enhanced services of the highest quality for the participants served by the agency.

Section 1 Records and Evaluation
Attachment #3
Page 5

2. Training Program Information The Daily Living Centers, Inc. Mission Statement

The mission of Daily Living Centers, Inc. is to provide community-based daytime programs of supportive health, social, and recreational services of assured quality to the frail elderly and other partially disabled persons, to assist their families, and to serve as an educational resource on topics related to aging. Services are provided without regard to race, religion, creed, national origin, or limitations on ability to pay. There is a daily charge, based on a sliding fee scale. The basic fee is $25.00 per day.

In a non-institutional environment, the nurse and the therapy staff offer participant's health supervision and occupational, recreational, and physical therapy aimed at both recovery of lost function and prevention of deterioration. Proper nutrition is ensured by a hot noon meal and snacks, with diets adapted to meet special needs. Those who can benefit from the Daily Living Center's programs include people with heart disease, arthritis, stroke, Parkinson's disease, Alzheimer's disease, depression, and other chronic and debilitating conditions. Many have multiple health problems. All participants must be at least wheelchair mobile. Overtly psychotic persons cannot be accommodated in the program.

In addition to the health focus, there are recreational and socialization activities including reminiscence sessions, parties games, arts and crafts project, music, poetry, and outings. Individual and family counseling and meetings for family members are other important services.

The Daily Living Center is located in a spacious building, a remodeled elementary school with four acres of grounds, now called the Mayfair Center. The location, 3200 NW 48, is at the geographic population center of Oklahoma City, easily accessible from nearby expressways. Cooperating agencies which also occupy space in the building include the Areawide Aging Agency, Senior Connection and Eldercare. Daily Living Center hours are 6:30 A.M. to 6:30 P.M. weekdays, to accommodate participant's family members who work. Participants attend one to five days a week, with enrollment ranging from short term to years. Although family members are encouraged to provide their own transportation if possible, the Daily Living Center contracts with the Central Oklahoma transportation and Parking Authority to transport people, including those in wheel chairs, between their homes and the center. There are geographic limits and a modest charge.

Clients may be self referred or referred by social service agencies, physicians, discharge planners at local hospitals, churches, etc. Each enrolled person must have a physician who can be contacted, and who remains in charge of his health care. For eligible individuals, payment for attendance at the center is available from the Department of Human Services. Cooperative relationships are maintained with a variety of community agencies.

Student Rights and Responsibilities for The Daily Living Centers, Inc. Training Program of Adult Day Care Program Aides

Student conduct code and academic responsibility seeks to promote standards of academic integrity by setting forth the responsibilities of students as trainees of the center's program aide training. Complying with the code assures trainees an environment enabling trainees to exercise their rights.

RIGHTS AND RESPONSIBILITIES

Center purpose is to assure all trainees an equal opportunity to fulfill their intellectual potential through the course of quality standards of academic distinction.

- The rights of personal and intellectual freedom, which are basic to the intent of the center training program.
- A respect for the equal rights and dignity of others
- Dedication to the mission and academic purpose of the center and the center training program in advancing and affirming the academic quality and credibility of the center.

Trainees are responsible for obtaining, learning, and observing the policies and procedures as listed in center manual. Trainees must comply with the legal and ethical standards of the center and state. All trainees must notify the appropriate official of any violation of conduct regulations.

ACADEMIC STANDARDS

The center expects all trainees to display a commitment to academic integrity through strict adherence of standards for academic honesty.

- Original work

Assignments of course preparation, exams texts, projects, papers, clinical requirements, etc. must be the original work of the student. Original work may include the thoughts and words of another author, but if that is the case, those ideas or words must be indicated in a manner consistent with recognized for and style.

- Referencing works of another author

All academic work submitted for credit or as partial fulfillment of course requirements must adhere to the center rules of documentation.

- Sharing Information

All academic work must be the original work of the student. Giving or allowing one's work to be copied, giving out exam questions or answers, or releasing or selling course work is prohibited.

ACTS PROHIBITED

Trainees will avoid impropriety, or the appearance of impropriety in taking examinations or completing work in the pursuit of the training program goal. Violations of academic responsibility include but are not limited to the following:

- Plagiarism
- Any form of cheating
- Conspiracy to commit academic dishonesty
- Misrepresentation
- Bribery in an attempt to gain an academic advantage
- Forging or altering documents or credentials
- Knowingly furnishing false information to the institution

CONDUCT STANDARDS

- Trainees should not interfere with the rights, safety or health of others at the center and should not interfere with other's right to learn
- Trainees are expected to abide by all center rules and regulations of local, state and federal laws

Violations of conduct standards include, but are not limited to the following:

- Theft
- vandalism
- Disruptive behavior

- Possession or use of firearms fireworks, explosives or other dangerous substances or items
- Possession, transfer, sale or use of illicit drugs or chemicals
- Any act or conspiracy to commit and act which is harassing or abusive or which invades an individual's right to privacy, including but not limited to, sexual harassment and abuse against members of a particular racial, ethnic, religious, or cultural group
- Threats of or actual damage to property or physical harm to others.
- Trainees must have permission from center authority to have access to center documents, data, programs and other types of information and information systems

All Daily Living Centers, Inc. Trainees for Adult Day Care Program Aide will as a condition of their training abide by the terms of this policy.

Student Rights and Responsibilities adapted from those policies of Nova Southeastern University, Fort Lauderdale, Florida (1997)

RESUME
BILLY R. WEAVER

Home	Office
9908 South Youngs Ln.	Daily Living Centers, Inc.
Oklahoma City, OK 73159	3200 N.W. 48th # 101
H (405) 692-0018	Oklahoma City, OK 73112
Fax (405) 949-1118	O (405) 949-1197

EMPLOYMENT EXPERIENCE

December 1987 - Present

Executive Director - Daily Living Centers, Inc. - Program of Adult Day Health Services for frail elderly and Alzhiemer's victims. Position duties include: supervision of paid and volunteer staff, fiscal management, statistical information generation, fund raising, public education, report generation, reorganization of program, computerization of all office functions including accounting and desk-top publishing, community and agency relations and board of director relationships. Accomplishments include: reducing agency costs by 14% in one year, increased program participation by 50% in one year, initiated statewide efforts to pass legislation to regulate Adult Day Care Centers, worked closely with Governor Bellman's office, state legislators, Department of Health, Department of Human Services,Central Oklahoma United Way, Oklahoma Alliance on Aging, Area Agencies on Aging, and other local, state and national organizations concerning health services to the aging and elderly population. Re-organized Oklahoma Adult Day Services Association while serving as President. Worked with community committee to develop a training program for volunteer and family caregivers for the frail elderly of our community. Served on committee of Oklahoma Vocational Technical Schools state wide program planning committee developing certification requirements for Adult Day Health Care aides.

June, 1986 - November, 1987

Executive Director - Youth Emergency Shelter, Inc. - All administrative duties. Supervision of staff. Budget development. Public relations. Personnel development. Inservice training. Grant writing. Fund raising.

June, 1985 - June, 1986

Northeast Texas Community College - Director of Lifelong Learning. Northeast Texas Community College, a new community college near Mt. Pleasant, Texas. Established all procedures for the orderly and systematic operation of the Continuing Education Program, including business and industry involvement, as well as community economic development involvement. Served as the off-campus liaison with civic groups, educational institutions, and governmental agencies. Involved in the planning and development of Non-Traditional programs. Advertised and marketed seminars, conferences, workshops, evening and weekend programs.

August, 1981 - June, 1985

New Mexico Junior College - Coordinator of Non-Traditional Programs. Responsible for development and operation of Telecollege Program. Responsible for the development of coordination of mini-courses offered at different times during the year. Developed and implemented program of in-service training and evaluation of part-time faculty. Developed and coordinated open entry concept for home study courses. Served as Evening College Administrator and Community Development Office Administrator. Developed brochures, flyers and marketing procedures for non-traditional programs. Provided support services to evening, weekend and part-time faculty. Responsible for fiscal management of programs.

September, 1974 - August, 1981

Florida Junior College at Jacksonville, South Campus, Division Dean for all Social Sciences, Developmental Education, and Communications. Responsible for faculty class scheduling, divisional budgeting, all division expenditures, staff, programs and curriculum development. Interviewing and recommending 34 full-time positions and up to 50 part-time faculty positions in the division, and all other administrative duties. Division produced over 2,000 FTE per year. Initiated Telecollege and Teleconference Programs. Developed Developmental Studies Laboratory School. Developed courses for the U. S. Navy to be taught at sea.

July, 1971 - September, 1974

Florida Junior College at Jacksonville, Jacksonville Florida, North Campus. Instructor-Counselor in a Remedial (Developmental) Educational Program, Curricular Scheduling, Career Planning, Group Counseling, Personal Guidance. Taught Political Science course.

June, 1970 - June, 1971

Clay County Board of Public Instruction, Green Cove Springs, Florida. Assistant Principal, Middleburg Elementary School, Curricular Scheduling.

January, 1970 - June, 1970

Wichita Public Schools, Wichita High School South, 701 West 33rd, South, Wichita, Kansas 67217. Counselor, Sophomore Advisor, Curricular Scheduling.

1959 - 1969

Bacone Junior College, Muskogee, Oklahoma 74402. Chairman Social Sciences Department and Instructor of Social Science courses. Taught Political Science, Sociology and Psychology courses.

January, 1959 - August, 1959

Department of Welfare, Division of Child Welfare, 602 South Cheyenne, Tulsa, Oklahoma. Caseworker, counseling unwed mothers, investigating prospective adoptive parents.

PROFESSIONAL ACTIVITIES

Chairman,Aging Services Advisory committee, Department of Mental Health and Substance Abuse.

Vice Chairman Long Term Care Facilities Advisory committee of the Oklahoma Health Department.

Chairman of subcommittee of the Long Term Care Facilities advisory committee of the Oklahoma Health Department to revise Adult Daycare licensing standards for Oklahoma.

Past President of Oklahoma Adult Day Services Association.

Legislative and Department of Human Services Liaison for Oklahoma Adult Day Services Association.

Chaired committee to write Licensing requirements for Adult Daycare in Oklahoma.

Past President Mayfair Center Management committee

Formerly Board of Directors of LIFE volunteer program of Oklahoma City.

Steering committee of RETIRED EXECUTIVE VOLUNTEER Program of Oklahoma City.

Steering committee Oklahoma City Aging Consortium.

Consultant for Eldercare Adult Day care of Houston ,Texas.

Member Metropolitan Health Care Providers Association.

Member The National Council of the Aging, Inc.

Member National Institute of Adult Day Care.

Past Chair Executive Directors Roundtable of Greater Oklahoma City.

Member American Society of Aging

Member South West Society of Aging

Authored bi-weekly newspaper column "Health Issues of Aging".

Developed and directed Alcoholic,Drug and Homeless Elderly Counseling Program at City Rescue Mission, Jacksonville, Florida.

Past Member Oklahoma Education Association Board of Directors

EDUCATION

Florida State University, 1980 - graduate work in Labor Relations.

University of North Florida, Jacksonville, Florida - graduate work in counseling and human relations - 1976-1979.

University of Florida, Gainesville, Florida - graduate work in counseling and human relations - 1972-1974.

Northeastern State College, Tahlequah, Oklahoma - graduate work in counseling, 1967-1969. Received Master of Teaching in Social Science 1962. Received Bachelor of Arts, 1959, in Social Science Education with emphasis in Political Science and Sociology.

Diploma from Bacone Junior College, Muskogee, Oklahoma.

PUBLICATIONS

"Academic Achievement of Native American Students", BIA Publication, 1962.

"Part-Time Professors Program", paper presented and published in conference compendium,

Quality In Off Campus Credit Programs,

Atlanta, Georgia, 1983; Issues in Higher Education, Division of Continuing Education, Kansas State University.

SCHOLASTIC ACHIEVEMENT

Distinguished Student Award in Social Science and Science, Dean's Honor Roll, Rho Theta Sigma, Honorary Scholastic Fraternity.

CIVIC ACTIVITIES

Member Customer Advisory Panel, Southwestern Bell Telephone

Member Oklahoma City Chamber of Commerce, Northwest and South Chamber of Commerce and Oklahoma State Chamber of Commerce.

Serve as Telephone support volunteer for cancer patients with Renal Cell Carcinoma for M.D. Anderson Hospital Network.

Section VI. Curriculum
Attachment # 4
Page 8

1. Submit a copy of course outline

See Appendix D

Appendix D

On Site Training Appropriate for Adult Day Care Program Aides That Meet State Certification Requirements and National Standards

Training Guide
for
Adult Day Care
Program Aides

The Daily Living Centers, Inc.
3200 NW 48
Oklahoma City, Oklahoma
73112

Contents

Preface Page 129

Unit 1
Understanding Adult Day Care Page 130

Unit 2
Target Population Page 146

Unit 3
Administration and Organization Page 175

Unit 4
Personal Care Page 195

Unit 5
Services Page 219

Unit 6
Staffing Page 241

Unit 7
Facility and Environmental and Safety Considerations Page 262

Unit 8
Serving Individuals with Alzheimer's Disease and Other Dementias Page 274

Video Curriculum Page 299

References and Resources Page 301

Preface

The following training guide is intended to serve as a curriculum outline for training the adult day care program aide at The Daily Living Centers, Inc. The Daily Living Centers, Inc. currently operates two adult day care centers located in Oklahoma City, Oklahoma..

The training guide is formatted from, *A Manual for Training the Program Assistant in Adult Day Care.* The Manual was prepared by Mary Brugger Murphy and The Task Force on Training for The National Institute on Adult Daycare, a constituent unit of The National Council on the Aging, Inc.

In addition to the information offered in the manual, Oklahoma State regulations are considered as well as The Daily Living Centers, Inc. orientation information. The subjects mandated in the curriculum required by the Nurse Aide Training and Certification are presented.

Throughout the training material offered in, *A Manual for Training the Program Assistant in Adult Day Care,* the authors caution the trainer: "This text is not written for the aide to read and digest independently; it is to be used by the person who is training the aide."

The material contained herein offers information for referral to reference and resource materials that are intended to further expand and enhance the curriculum.

The training guide contains a minimum forty five hour classroom instruction outline, with clinical instruction to be managed in the facility of The Daily Living Centers, Inc.

The Daily Living Centers, Inc. has an administrative facility located at 3200 NW 48, Oklahoma City, Oklahoma, 73112. Their telephone number is 405-949-1197. The Satellite facility is known as The Daily Living Center at Shadowlake. It is located at 10021 South Pennsylvania, Building B, Oklahoma City, Oklahoma 73159.

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Unit 1

Understanding Adult Day Care

Unit 1

Understanding Adult Day Care

Trainer: Center Administrator, trainer, social worker or care manager

Time Estimate : 1-2 hours

Handouts:

1. Adult Day Care: A Definition
2. Mission Statement: The Daily Living Centers, Inc.
3. Statement of Rights of Adult Day Care Participants
4. Statement of Rights for Adult Day Care Participants, The Daily Living Centers, Inc.

Objectives:

1. Definition of Adult Day Care
2. State the Philosophy of the Center (Center Mission Statement)
3. List Participants Rights
4. Describe Interdisciplinary Team and Describe Therapeutic Milieu
5. Describe Relationship of Adult Day Care to the Continuum of Care
6. Describe the Limits of Adult Day Care
7. List the Major Responsibilities of the Program Aide
8. Identify Key Points in Observation, Recording and Reporting Responsibilities
9. State the Key Points in the Aide's Responsibilities for Marketing and Guest Relations
10. List Important Personal Attributes of the Aide
11. Describe the most Important Elements in the Aide's Relationship with the Participants' families or caregivers.

Key Words

1. Adult Day Care
2. Functional Impairment
3. Interdisciplinary Team
4. Therapeutic Milieu
5. Continuum of Care
6. Holistic
7. Observation
8. Marketing
9. Guest Relations

Define Adult Day Care

Objective 1 Define adult day care.

Handout 1: Adult Day Care: A Definition

Adult Day Care : Defined by the National Council on the Aging's National Institute on Adult Daycare, Standards and Guidelines for Adult Day Care. (1990, page iv).

> Adult day care is a community-based group program designed to meet the needs of adults with functional impairments through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective setting during any part of a day but less than 24 hour care.

Individuals who participate in adult day care attend on a planned basis during specified hours. Adult day care assists its participants to remain in the community, enabling families and other caregivers to continue caring at home for a family member with an impairment.

Reference : The National Council on the Aging's National Institute on Adult Daycare, Standards and Guidelines for Adult Day Care, Published by The National Council on the Aging, Inc., 600 Maryland Avenue, SW, West Wing 100, Washington DC 20024, 1990, page iv.

Adult Day Care: Defined by the Oklahoma State Department of Health, Title 310, Chapter 605-1-2, page 1.

"Adult Day Care Center" or "center" means a facility except for retirement centers and senior centers, which provides basic day care services to four or more unrelated impaired adults for more than (4) hours in a twenty-four hour period. A center shall be a distinct entity, either freestanding or a separate program of a larger organization. A licensed center shall have a separately verifiable staff, space, budget, and participant record system. 63 O.S. s1-872 (1).

Reference: Adult Day Care Center Regulations, Oklahoma State Department of Health, Special Health Services --0501, 1000 Northeast Tenth Street, Oklahoma City, Ok 73117-1299. 1994. Telephone 405-271-6868.

Purposes and Goals

Objective 2 State the philosophy of the center.

Handout 2 center philosophy : The Mission Statement of The Daily Living Centers, Inc.

Discussion

The mission of Daily Living Centers, Inc. is to provide community-based daytime programs of supportive health, social, and recreational services of assured quality to the frail elderly and other partially disabled persons, to assist their families, and to serve as an educational resource on topics related to aging. Services are provided without regard to race, religion, creed, national origin, or limitations on ability to pay. There is a daily charge, based on a sliding fee scale. The basic fee is $25.00 per day.

In a non-institutional environment, the nurse and the therapy staff offer participant's health supervision and occupational, recreational, and physical therapy aimed at both recovery of lost function and prevention of deterioration. Proper nutrition is ensured by a hot noon meal and snacks, with diets adapted to meet special needs. Those who can benefit from the Daily Living Center's programs include people with heart disease, arthritis, stroke, Parkinson's disease, Alzheimer's disease, depression, and other chronic and debilitating conditions. Many have multiple health problems. All participants must be at least wheelchair mobile. Overtly psychotic persons cannot be accommodated in the program.

In addition to the health focus, there are recreational and socialization activities including reminiscence sessions, parties games, arts and crafts project, music, poetry, and outings. Individual and family counseling and meetings for family members are other important services.

The Daily Living Center is located in a spacious building, a remodeled elementary school with four acres of grounds, now called the Mayfair Center. The location, 3200 NW 48, is at the geographic population center of Oklahoma City, easily accessible from nearby expressways. Cooperating agencies which also occupy space in the building include the Areawide Aging Agency, Senior Connection and Eldercare. Daily Living Center hours are 6:30 A.M. to 6:30 P.M. weekdays, to accommodate participant's family members who work. Participants attend one to five days a week, with enrollment ranging from short term to years. Although family members are encouraged to provide their own transportation if possible, the Daily Living Center contracts with the Central Oklahoma

Transportation and Parking Authority to transport people, including those in wheel chairs, between their homes and the center. There are geographic limits and a modest charge.

Clients may be self referred or referred by social service agencies, physicians, discharge planners at local hospitals, churches, etc. Each enrolled person must have a physician who can be contacted, and who remains in charge of his health care. For eligible individuals, payment for attendance at the center is available from the Department of Human Services. Cooperative relationships are maintained with a variety of community agencies.

Participants Rights

Objective 3 List participants' rights.

Handout 3 participant rights

Discussion

National Adult Day Care (NIAD) Statement of Rights of Adult Day Care Participants

1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and in care for personal needs.
2. The right to participate in a program of services and activities designed to encourage independence, learning, growth and awareness of constructive ways to develop one's interests and talents.
3. The right to self-determination within the day care setting, including the opportunity to:

- Participate in one's plan for services and any changes therein.
- Decide whether or not to participate in any given activity.
- Be involved to the extent possible in program planning and operation.
- Refuse treatment and be informed of the consequences of such refusal.
- End participation in the adult day care center at any time.

4. The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
5. The right to a safe, secure and clean environment.
6. The right to confidentiality and the requirement for written consent for release of information to persons not authorized under law to receive it.
7. The right to voice grievances without discrimination or reprisal with respect to care or treatment that is (or is not) provided.

8. The right to be fully informed, as evidenced by the participant's written acknowledgment of these rights, of all rules and regulations regarding participant conduct and responsibilities.
9. The right to be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, abuse, or related charges.

The right to communicate with others and be understood by them to the extent of the participant's capability.

Reference : A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc., 409 Third Street SW, Washington, DC 20024. 1993, page 15-16, Standards and Guidelines, pages xvii-xviii.

Key Principles

Objective 4 Describe two key principles of adult day care: the interdisciplinary team and the therapeutic milieu.

Handout 4: Statement of Rights for Adult Day Care Participants, The Daily Living Centers, Inc.

The Daily Living Centers, Inc., Rights of Adult day Care Participants

Each participant of the Daily Living Centers, Inc., shall be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color or creed.
2. To participate in a program of services and activities which promote positive attitudes regarding the participant's usefulness and capabilities.
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop personal interests and talents.
4. To maintain independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
5. To be encouraged to attain self determination within the adult day care setting, including the opportunity to participate in developing one's care plan for services, to decide whether or not to participate in any given activity, and to be involved (when possible) in program planning and operation.
6. To be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.

7. To have privacy and confidentiality.
8. To be free of mental and physical abuse.
9. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual's care plan.
10. To be free of interference, coercion, discrimination or reprisal.

Discussion

Definitions of Key Words

Functional Impairment: The limitation of an individual's functional ability, the inability to perform personal and instrumental activities of daily living and associated tasks, or the inability to establish and maintain an independent living arrangement.

Interdisciplinary Team: all staff members responsible for the care of each participant, who together assess the participant, make recommendations on interventions and services to be offered, and provide direct services.

Therapeutic Milieu : a total environment in which all that occurs is directed toward improving the quality of life of the participant with services and/or activities intended to be beneficial and related to treatment or to the plan of care.

Continuum of Care: A range of services, stretching from direct but limited services to intensive and extensive medical and therapeutic services.

Holistic : treating the person as a whole--with recognition of his or her mental, physical, emotional, social, and spiritual aspects--while acknowledging his or her relationship to the broader systems of family and community.

Observation: the act of watching, perceiving, or noting attentively and for the purpose of collecting details in order to report accurately.

Marketing: all of the activities involved in transferring a product from the producer to the consumer.

Guest Relations: the associations and communication between all staff members and visitors, especially participants' families and caregivers.

Reference: A Manual for Training the Program Assistant in Adult Day Care, Mary Brugger Murphy and the Task Force on Training for the National Institute on Adult Day Care, 409 Third Street SW, Washington, DC 20024, 1993, page 13.

Community Based Care - Continuum of Care

Objective 5 Describe the relationship of adult day care to the continuum of care.
Discussion -presentation of actual services offered locally

Services offered by adult day care programs should be designed to allow participants to remain as independent as possible. Knowledge of services available in the community is important for all persons working in the aging field. Social Services traditionally manages referrals of need, however, it is helpful for all staff to be aware that home services for meals, health, housekeeping and transportation may be available. Utilization of these services could mean the difference between staying in one's home or entering a long term care facility.

Staff should have knowledge of what services participants have used in the past and the services in current use. Staff should be alert for services that may be needed by that participant in the future and how all services relate and work together towards meeting the expectations or goal of the participant.

Areawide Aging Agency's Senior Connection, publishes a handbook entitled Senior Survival Kit that has a comprehensive listing of services available in this and surrounding areas.

Limits of Adult Day Care

Objective 6 Describe the limits of adult day care.

Limits of adult day care varies for each center. This center's policy states that persons requiring a full body lift or those that are combative are not eligible for participation. Some participants may enter the center on a trial basis. The adult day care center must be able to meet the needs of each participant enrolled at the center.

It is important that program aide's report participant's progress or lack of progress to other members of the staff. Participants may develop needs that require changes in the care plan or require services that cannot be met at the center. The program aide is generally the staff member that becomes aware of these changes first,

Flexibility of the needs of participants is of paramount importantance. A discharge plan is usually initiated at the time of admission by Social Services and progress notes reflect the participant's program status. Observations and reports by program aides may prevent crisis situations from developing and allow caregivers support and time to make informed and planned decisions concerning future care arrangements.

Role of Staff as Caregiver

Objective 7 List the major responsibilities of the program aide.

Handout 5 and discussion of Center Job Description.
(Note, this description may vary according to position open and revision of services. Ask Executive Assistant for current job description, copy and include in Unit 1.)

NIAD's training manual offers the following possibilities for adult day care program aides:

1. As part of the center's interdisciplinary team, participate in assessment and care planning, assist in developing the activity plan.
2. Carry out the plan of care.
3. Carry out recreation activities.
4. Assist in ambulation.
5. Observe and report observations,
6. Provide personal care.
7. Assist with activities of daily living.
8. Supervise activities of daily living.
9. Communicate on a one-to-one basis with clients.
10. Practice behavior acceptance.
11. Work with and relate to other staff.
12. Work with and relate to volunteers.
13. Participate in staff meetings, in-service training, and other relevant training.
14. Maintain confidentiality.
15. Communicate with the public. (e.g. on the phone)
16. Communicate with families.
17. Participate in daily record keeping, documentation.
18. Facilitate group discussions.
19. Prepare, serve, and clean up after meals and snacks.
20. Practice safety and sanitation,
21. If in keeping with center policy, administer first aid, CPR, take vital signs, carry out physical treatments, drive center vehicles.

It is of importance for the program aide to:

1. Always treat participants with respect.
2. Allow participants to do as much as possible for themselves.
3. Assist participants in participating instead of doing it for them.
4. Offer encouragement and support for efforts at independence.

5. Work toward retaining, or regaining the abilities of the participants.

Observation, Recording, and Reporting

Objective 8 Identify the key points in observation, recording, and reporting responsibilities.

Observing, recording the observations and reporting them correctly are extremely important duties of the program aide. The following should be noted:

1. Daily observation of skin condition, tone, strength and flexibility, so that changes can be reported to nursing staff.
2. Watch signs of physical discomfort, changes in basic abilities, and changes in behavior in addition to changes in appearance.
3. Calm observation and careful reporting of specific detail in times of crisis.
4. Report only what is seen, heard or done, without further interpretation or assumptions about causes.

Review center policy and procedure on reports.

Marketing and Guest Relations

Objective 9 State the key points in the aide's responsibilities for marketing and guest relations.

Discussion subjects:

1. How program is described to others.
2. Understanding confidentiality, what may and may not be said to others concerning, identity, condition, and incidents of participants.
3. Identification of staff that are designated to answer appropriate questions.
4. How guests are to be treated.
5. Times and situations that are or are not appropriate for guests.
6. How programs and services are delivered.

Personal Attributes

Objective 10 List important personal attributes of the aide.

Personal attributes that cannot be taught that are necessary for program aides to practice are:

1. Patience
2. Understanding
3. Kindness
4. Ability to improvise
5. Resourcefulness
6. Tender Loving Care
7. Flexibility
8. Good sense of respectful humor (not Teasing)

Discussion

Reference: a manual for Training the Program Assistant in Adult Day Care, 1993, pages 20-21.

Relationship to the Family or Caregiver

Objective 11 Describe the most important elements in the aide's relationship to the participants' families or caregivers.

Program aides need to be aware of the following subjects when interacting or communicating with the participant's family members or caregiver:

1. Communication between staff and family or caregiver. What and how is communicated.
2. Value and consistency between staff and family or caregiver in handling problems or difficult situations
3. Respect for family or caregiver
4. Possibility of learning successful techniques used by family or caregiver.
5. Understanding that each family member is different and functions in its own way.
6. Not becoming involved in family situations, especially disagreements, and not taking sides.
7. Value of participating in or observing a family support group.
8. Which statements about the family or caregiver by the participant should be reported to the social worker or care manager. (possible abuse)

9. When to honor a request not to repeat a statement. (including those times when it is asked that the family not be told what was said)

Discussion of center policy and procedures regarding the subject.

Resources:
National Council on the Aging/National Institute on Adult Daycare. Standards and Guidelines for Adult Day Care. NCOA/NAID, 600 Maryland Avenue SW, West Wing 100, Washington, DC, 1990.

A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington, DC 20024. 1993.

Policy and Procedure Manual, The Daily Living Centers, Inc., 3200 NW 48, Okc., Ok. 73112. 1974-1996.

Additional Resources refer page 22, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington, DC 20004, 1993.

ADULT DAY CARE: A DEFINITION

Adult day care is a community-based group program designed to meet the needs of adults with functional impairments through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a protective setting during any part of a day but less than 24-hour care.

Individuals who participate in adult day care attend on a planned basis during specified hours. Adult day care assists its participants to remain in the community, enabling families and other caregivers to continue caring at home for a family member with an impairment.

(**Source** NCOA/NIAD *Standards and Guidelines for Adult Day Care*. 1990.)

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Handout 2: Mission Statement, The Daily Living Centers, Inc.

The mission of Daily Living Centers, Inc. is to provide community-based daytime programs of supportive health, social, and recreational services of assured quality to the frail elderly and other partially disabled persons, to assist their families, and to serve as an educational resource on topics related to aging. Services are provided without regard to race, religion, creed, national origin, or limitations on ability to pay. There is a daily charge, based on a sliding fee scale. The basic fee is $25.00 per day.

In a non-institutional environment, the nurse and the therapy staff offer participant's health supervision and occupational, recreational, and physical therapy aimed at both recovery of lost function and prevention of deterioration. Proper nutrition is ensured by a hot noon meal and snacks, with diets adapted to meet special needs. Those who can benefit from the Daily Living Center's programs include people with heart disease, arthritis, stroke, Parkinson's disease, Alzheimer's disease, depression, and other chronic and debilitating conditions. Many have multiple health problems. All participants must be at least wheelchair mobile. Overtly psychotic persons cannot be accommodated in the program.

In addition to the health focus, there are recreational and socialization activities including reminiscence sessions, parties games, arts and crafts project, music, poetry, and outings. Individual and family counseling and meetings for family members are other important services.

The Daily Living Center is located in a spacious building, a remodeled elementary school with four acres of grounds, now called the Mayfair Center. The location, 3200 NW 48, is at the geographic population center of Oklahoma City, easily accessible from nearby expressways. Cooperating agencies which also occupy space in the building include the Areawide Aging Agency, Senior Connection and Eldercare. Daily Living Center hours are 6:30 A.M. to 6:30 P.M. weekdays, to accommodate participant's family members who work. Participants attend one to five days a week, with enrollment ranging from short term to years. Although family members are encouraged to provide their own transportation if possible, the Daily Living Center contracts with the Central Oklahoma transportation and Parking Authority to transport people, including those in wheel chairs, between their homes and the center. There are geographic limits and a modest charge.

Clients may be self referred or referred by social service agencies, physicians, discharge planners at local hospitals, churches, etc. Each enrolled person must have a physician who can be contacted, and who remains in charge of his health care. For eligible individuals, payment for attendance at the center is available from the Department of Human Services. Cooperative relationships are maintained with a variety of community agencies.

STATEMENT OF RIGHTS OF ADULT DAY CARE PARTICIPANTS

▶ The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and in care for personal needs.

▶ The right to participate in a program of services and activities designed to encourage independence, learning, growth, and awareness of constructive ways to develop one's interests and talents.

▶ The right to self determination within the day care setting, including the opportunity to:

- participate in developing one's plan for services and any changes therein
- decide whether or not to participate in any given activity
- be involved to the extent possible in program planning and operation
- refuse treatment and be informed of the consequences of such refusal
- end participation in the adult day care center at any time

▶ The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

▶ The right to a safe, secure, and clean environment.

▶ The right to confidentiality and the requirement for written consent for release of information to persons not authorized under law to receive it.

▶ The right to voice grievances without discrimination or reprisal with respect to care or treatment that is (or is not) provided.

▶ The right to be fully informed, as evidenced by the participant's written acknowledgment of these rights, of all rules and regulations regarding participant conduct and responsibilities

▶ The right to be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, abuse, or neglect.

▶ The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges

▶ The right to communicate with others and be understood by them to the extent of the participant's capability

(**Source** NCOA/NIAD, *Standards and Guidelines for Adult Day Care*, 1990.)

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Handout 4

Statement of Rights for Adult Day Care Participants, The Daily Living Centers, Inc.

The Daily Living Centers, Inc., Rights of Adult day Care Participants

Each participant of the Daily Living Centers, Inc., shall be assured of the following rights:

1. To be treated as an adult with respect and dignity regardless of race, color or creed.
2. To participate in a program of services and activities which promote positive attitudes regarding the participant's usefulness and capabilities.
3. To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop personal interests and talents.
4. To maintain independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
5. To be encouraged to attain self determination within the adult day care setting, including the opportunity to participate in developing one's care plan for services, to decide whether or not to participate in any given activity, and to be involved (when possible) in program planning and operation.
6. To be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
7. To have privacy and confidentiality.
8. To be free of mental and physical abuse.
9. To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual's care plan.
10. To be free of interference, coercion, discrimination or reprisal.

Unit 2

Target Population

Unit 2

Target Population

Trainer: Center Administrator, trainer, with/and/or social worker and nurse

Time Estimate : 4-6 hours

Video Presentation 30 minutes

Clinical

Handouts

1. A Crabbit Old Woman Wrote This
2. Attitudes on Aging
3. Maslow's Hierarchy of Human Needs
4. Normal Aging Process

Objectives:

1. Definition of the target population served in the adult day care program.
2. Describe the aide's own attitude toward aging.
3. List the major psychosocial changes of aging.
4. Define cultural awareness.
5. List the major changes during the aging process for each of the body systems.
6. Identify sensory losses.
7. Describe the experience of simulating sensory losses and state measures to compensate for the sensory losses.
8. Identify some common illnesses and diseases associated with aging.
9. Describe the impact and implications of the illnesses and diseases for the aide and participant.

Key Words

1. Functional Impairment
2. Activities of Daily Living
3. Instrumental Activities of Daily Living (IADLs)
4. Ageism
5. Psychosocial
6. Alzheimer's Disease (AD)
7. Cardiovascular System

8. Respiratory System
9. Urinary System
10. Digestive System
11. Musculoskeletal System
12. Nervous System
13. Sensory Organs
14. Cataract
15. Glaucoma
16. Macular Degeneration
17. Arthritis
18. Hypertension
19. Heart Disease
20. Diabetes
21. Cerebrovascular Accident (stroke)
22. Osteoporosis
23. Parkinson's Disease
24. Depression
25. Aids
26. HIV

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc., 409 Third street SW, Washington, DC 20024. Pages 25-54.

Target Population

Objective 1 Define the target population served in your adult day care program.

The target population that is to be served in the Daily Living Centers is described in the mission statement of The Daily Living Center's Inc. The mission statement decrees that DLC will provide services of assured quality to the frail elderly and other partially disabled persons. It states specifically :

"Those who can benefit from the Daily Living Center's programs include people with heart disease, arthritis, stroke, Parkinson's Disease, Alzheimer's Disease, depression, and other chronic and debilitating conditions. Many have multiple health problems. All participants must be at least wheelchair mobile. Overtly psychotic persons cannot be accommodated in the program." (The Daily Living Centers, Inc., Policy's and Procedures Manual, page not numbered)

The Standards and Regulations for Licensure of Adult Day Care Centers in Oklahoma offer the following definitions concerning the population served by an adult day care in Oklahoma:

"Functionally impaired adult means an individual aged eighteen years or older who requires care and/or supervision. Participant, means a person who attends an adult day care center." (page 4-5)

A Manual for Training the Program Assistant in Adult Day Care offers the following descriptive possibilities for a center's target population.

"Individuals eligible for adult day care shall include:

1. Those who have physical, cognitive, and/or psychosocial impairments

2. Those capable of being transported

3. Those capable of benefiting from socialization, structured/supervised programs, or group-oriented programs." (page 28)

Community needs, funding, facility and staff are also considerations affecting center policy for target populations. These factors as well as an individual's specific need and situation determine the appropriate or inappropriate placement of an individual. The Manual suggests the following as generally appropriate participants:
"Adults with physical, psychosocial, or mental impairments, such as:

- Those who need help with the activities of daily living (including bathing, dressing, toileting, transferring, eating, and mobility)

- Those who need help with the instrumental activities of dailyliving (including shopping, housework meal preparation and cleanup, laundry, taking medication, money management, transportation, correspondence, and telephoning)

- Those with physical health or mental health problems requiring regular monitoring and supervision

- Those with emotional problems that interfere with coping

- Those with memory loss and cognitive impairment that interfere with daily functioning

- Those with developmental disabilities

- Those who need assistance in over coming isolation associated with physical and/or functional limitations

- Those without adequate support systems

- Those whose family or caregiver needs respite, a break from full-time caregiving

Adults who need rehabilitative and maintenance therapy services, such as:

- Those recently discharged from hospitals or nursing homes
- Those needing therapy (as prescribed by a physician)
- Those at risk of premature institutionalization
- Those in need of support during transition

Adults who need nursing services.

Generally inappropriate participants include:

Adults who are too independent to benefit from the program.

Adults who are bedridden or without the stamina to participate in the program.

Adults in an infectious stage of a contagious disease (unless the center has the staff and resources to serve them)

Adults who are destructive or disruptive due to emotional or behavioral disorders.

Adult who are actively alcoholic or addicted to drugs. (Unless the center has the staff and resources to serve them.)" (pages 28-29)

Attitudes Toward Aging

Objective 2 Describe the aide's own attitudes toward aging.

Two activities are introduced to assist in the exercise.

Activity One: "A Crabbit Old Woman"

Handout 1, "A Crabbit Old Woman", read aloud and discussion session held. Point of discussion should include:

1. The concept of respect.

2. The value of a lifetime experience.

3. The way that we transmit an attitude without being conscious of it.

4. The importance of treating older participants as respected adults.

Activity Two: Attitudes on Aging

Handout 2, "Attitudes on Aging," trainees complete as quickly as possible and discuss some of the answers. Discussion points to include:

1. Not all older people are the same.

2. Our attitudes toward our own aging may influence the way we perceive those who are now old.

The concept of "Ageism," according to Robert Butler, "Ageism reflects a deep-seated uneasiness on the part of the young and middle-aged--a personal revulsion to and distaste for growing old, disease, disability: and fear of powerlessness, 'uselessness,' and death." (Butler, 1969)

Positive discussion of what trainees look forward to in later years and experiences trainees have had with older persons. Describe examples of humor and the value of the stories older persons have to share. What attracts the trainees to working with older adults. (page 30)

Psychosocial Changes

Objective 3 List the major psychosocial changes of aging.

The manual defines Psychosocial as: "Psychosocial can be defined as the "intersection" of those elements that relate to the mind and mental function and those that relate to relationships with other individuals. Psychosocial changes are seen in older adults because the later years are characterized by changes in their life circumstances, often by negative changes or losses. Consequently, older persons usually have to make a series of significant adjustments in their lives. The success of those adjustments defines their attitudes toward themselves and others. Lifelong patterns of coping often continue into later life. Participants may not be aware of their coping mechanisms and patterns.

Handout 3, Maslow's Hierarchy of Needs, and discussion of human needs. Discussion points to include:

1. "The needs at each level must be satisfied before the individual can move on to the next higher level, (that is, if someone does not have enough food, he or she must take care of that need before focusing on emotional security).
2. the needs for self-esteem and self-fulfillment do not disappear in later years. It can just be more difficult to fulfill them"

Life Changes and Loss

Older people may experience the following changes:

1. Retirement from work
2. Widowhood
3. Death of loved ones: spouse, relatives, friends, and acquaintances
4. Death of a pet, sometimes the only companion
5. Reduction of income
6. Reduction of physical strength and endurance
7. Change in living environment
8. Role changes in the family
9. Reduction of physical contact and intimacy
10. Some changes in mental functioning

Discussion of adapting to change. Recognition that participants of adult day care have suffered some or all of the losses and those losses are also combined with changes in senses, illness, disability, or decreased functional capacity. It is necessary for staff to recognize and understand these changes and losses and to aid in adjustment and ways of compensation, while concentrating on the resources that they retain.

Often the decision to enter adult day care is not made by the participant. The lost ability for self-control over decision making is a sensitive issue and causes psychological changes involving, depression, hypochondria and other related illnesses. (page 31-32)

Loss

Activity 3 : Optional Exercise, may be a sensitive exercise that should be conducted suitably according to the sensitivities of the trainees.

Distribute five index cards to each trainee. Write five things most important to them: example, spouse, child, work, health, home, etc. Ask trainee's to give up one card, (one thing). Cards are collected. Next, one thing is taken at random by instructor. Discuss feelings involved. (Adapted from exercise used by the trainers who pretested this curriculum in Rochester, New York, on March 23, 1993.) (page 32-33)

Mental Ability

Some older people become afraid if they think that they are forgetting things or are having problems with their mental abilities. Understanding the changes that occur in the normal aging process as opposed to the changes that occur in diseases such as Alzheimer's Disease can be reassuring.

Studies have shown that, " Normal aging typically results in a decline in nonverbal skill such as psychomotor speed and coordination. Such decline is shown with intellectual testing on a timed test of puzzle assembly, or when sequencing pictures into a correct order to make a sensible story, or when copying symbols. Abilities which require stored knowledge, such as factual information, knowledge to competently interact with our environment (e.g., how to use the 'yellow pages'), numerical problem solving, and word usage are generally not sensitive to advancing age." (Aging and Mental Health, page 26)

Failing memory is a common complaint of older adults. Studies have shown that as one ages more time is needed to learn or remember information. Older adults do learn. Learning occurs more slowly in older adults.

"One way of understanding memory is to consider it as a three-stage process: stimulus in-short term memory-long term memory. "First , information must be accurately perceived, that is, stimulus in. If there are sensory problems, such as poor hearing or eyesight, information cannot be perceived accurately, thus creating the first obstacle to normal memory functioning. Second, information is processed in short-term memory and held there briefly. This information may then be transferred to long-term memory, where it is stored." (Aging and Mental Health, page 2.7)
"Information that has been stored for a very long time can usually be recalled, but information recently stored-but not necessarily used-can be harder for the older person to retrieve. Normal forgetting includes item such as dates or names. It is also important to remember that anxiety and distress can impede our memory and recall ability at any age.

a vicious cycle begins when a person can't remember something, and then begins to worry about what this 'means,' and then has greater difficulty with mental functions due to this anxiety and distress.' (Aging and Mental Health, page 2.8)" (page 33-34)

Discussion of trainee's own experiences of lapse of memory.

Cultural Awareness

Cultural Awareness can be defined as being conscious of the different development of peoples beliefs, background and history. Cultural background includes factors of race, ethnicity, religion and community characteristics and preferences. All staff need to be aware of the cultural observances and philosophies of participants and recognize those factors in the plan of care.

Activity Four : Discussion of cultural differences and possible participant bias that may be offensive to trainees of different racial or ethnic groups. Possible role enactment of coping methods to assist the trainee in handling such incidents in a professional manner. Use particular examples for redirection of inappropriate behaviors.

Cultural differences are noted in various ways and may include:

1. "Social distance-the physical distance between two people needed for comfort; the acceptability of touching
2. Religious diversity-awareness of holiday observances and what is appropriate and inappropriate
3. Dietary restrictions-some cultures may not eat certain foods or may observe certain rituals in food preparation or at mealtime
4. Language and verbal and nonverbal exchanges-eye contact, manner of address, terms or expressions and accommodating languages other than English
5. Clothing-manner of dress and standards of modesty often vary

Cultural Awareness Exercise

Trainees are asked to answer the following three questions:

1. "How do you describe yourself racially? culturally or ethnically?

2. What is a memory from your childhood that you have of older people as highly valued?

3. What is a strength you bring to this job from your background?"
(page 34-35)

(This exercise was recommended by John Capitman, NIAD Delegate Council Member.)

The Aging Process--Physical Changes

Objective 5 List the major changes during the aging process for each of the body systems.

Handout 4 Normal Aging Process. Discussion points to include: Cardiovascular, respiratory, urinary, digestive, Musculoskeletal, and nervous systems.

Cardiovascular System

"The cardiovascular system includes the heart and the blood vessels. Some of the changes that can be anticipated with advanced age are decreased efficiency in the heart's pumping action and reduced elasticity of the blood vessels. These changes mean that the heart works harder to circulate blood throughout the body under normal conditions. This is measured by an increase in systolic blood pressure and, for some, changes in heart rate. There is less reserve for strenuous activity or stressful situations, and the heart takes longer to return to normal after a demanding, activity. Diseases of the heart and blood vessels are among the major causes of disability and death in the advanced nations. " (Helping Families Help. 3.10) (A Manual for Training the Program Assistant in Adult Day Care, page 36)

Reading

Cardiovascular Disorders-Read pages 505-507 of Mosby's Textbook for Long Term Care Assistants, concerning articles of cardiovascular disorders listed below:

1. Hypertension

2. Coronary Artery disease

3. Angina pectoris

4. Myocardial infarction

5. Congestive Heart Failure

Respiratory System

The Manual for Training the Program Assistant in Adult Day Care, page 36 explains the respiratory system as:

"The respiratory system's function is to provide oxygen to the body and eliminate the waste product of cell energy production, carbon dioxide. With age, the lung loses its efficiency, first in delivering oxygen into the blood and then in eliminating the carbon dioxide. As oxygen levels in the body decrease and carbon dioxide levels increase, mental alertness decreases. Sometimes the decrease in respiratory function is "the result of gradual reduction in activity and, as such, is not inevitable. With an increase in activity, this loss may be reversed. Those with compromised respiratory function become increasingly susceptible to diseases such as chronic bronchitis and pneumonia. " (Helping Families Help, 3.10) (page 36)

Reading

Respiratory system-Read Mosby's Textbook for Long-Term Assistants, articles concerning respiratory system on pages 100, 102, 81-82, 503-504.

Urinary System

The Manual for Training the Program Assistant in Adult Day Care discusses the urinary system as:

"The urinary system removes waste materials from the body and maintains normal levels of water, salt and other minerals. The kidneys are the most important organs in this system. With increasing age the number of nephrons, the functional unit of the kidney, is reduced. This change decreases the ability of the kidneys to filter out waste products.

The ability of the bladder to retain urine is also reduced with age. There seems to be no anatomical reason for this change, but the result may be incontinence. A young person will feel the need to empty the bladder when it has become about half full, but the older person will not feel this need until the bladder is nearer to being completely full and may thus need access to a bathroom with little warning. This problem is related to the changes in the nerves in the bladder. Some loss of muscle tone in the bladder sphincter will cause the loss of urine that many women experience upon sudden movement, laughing or coughing. [This is known as stress incontinence.] Men often have an enlarged prostrate gland and have difficulty initiating urination and emptying the bladder completely." (Helping Families Help, 3.10-3.11) (page 37)

The manual notes that medicines often consumed by older adults, such as Lanozin, digoxin, and Haldol can have increased levels in the blood because they are harder to filter through the urinary system.

Reading

Urinary system-Read Mosby's Textbook for Long-Term Care Assistants, articles concerning urinary system 84-87,100 and 103.

Digestive System

The manual cites the digestive system in the following explanation:
"The digestive system, or gastrointestinal system, includes the mouth, esophagus, stomach, and intestines. The digestive system of older persons often becomes less effective. [Dental problems may make eating difficult and impede the first step of the process.] Less saliva and gastric (stomach) juices are produced to break down foods, and the stomach and intestines are less active in moving food through the system. The discomforts of heartburn, belching, nausea, constipation, and diarrhea are signs that the digestive system is not working as well as it did earlier. Often older people must make adjustments in the diet. Many use specific foods and medications to assist digestion. Although digestive disorders are not serious by themselves, they can be associated with many conditions such as diverticulosis, bowel blockage, ulcers, gallstones, and cancer." (Helping Families Help. 3.11) (page 37)

Reading

Digestive System-Read Mosby's Textbook for Long-Term Assistants, articles concerning the digestive system pages 81-85, 100, 102-103.

Musculoskeletal System

The Manual for Training the Program Assistant in Adult Day Care discusses the musculoskeletal system as:

"The muscles, ligaments, tendons and bones make up the musculoskeletal system. Muscles gradually lose speed of response, vigor, and strength. Bones gradually become more brittle, losing minerals and mass. This is more prominent in women than in men....Osteoporosis, the thinning and weakening of the bones, can lead to frequent fractures, particularly of the hip and wrists, and an increased collapse of the spinal column." (Helping Families Help, 3.11)

It further states: "Arthritis may decrease movement and cause pain. The pain and limitations caused by arthritis are often underestimated by those who have not experienced it--as is the length of time during which there is severe pain following an injury to the musculoskeletal system, such as the pain of compression fractures of the vertebrae." (page 37-38)

Reading

Musculoskeletal system-Read Mosby's Textbook for Long-Term Assistants, articles concerning musculoskeletal system on pages 65-71, 100, and 101.

Nervous System

The Manual for Training the Program Assistant in adult Day Care, page 38 describes the nervous system as:

"The nervous system, which is made up of the brain, the spinal cord, nerve cells, and connectors, is central to homeostatic control (the normal internal stability of an organism) and coordination of other body systems. A number of changes take place in the nervous system as part of the aging process. There seems to be some atrophy in cells of the brain in all people with age. For most, this does not signify any great change in function. There is some reduction in a person's ability to respond to stress and a decreased capability to maintain a normal body temperature. This change causes many elderly people to feel cold much of the time." (Helping Families Help, 3.11) (page 38)

Reading

Nervous system-Read Mosby's Textbook for Long-Term Assistants, articles concerning nervous system on pages 70, 71-75,76 100,101-102,496-503.

Sexuality

The manual for Training the Program Assistant in Adult Day Care, describes sexuality as:

"Both sexes undergo physical changes as they age that may affect their sexual functioning. The aging male will need more stimulation and require more time to become erect. The lining of the vagina of the postmenopausal female becomes much thinner and vaginal lubrication is reduced both in rate and amount. In general, however, men and women retain their physiological capacity to have and enjoy sex throughout their lives. " (Helping Families Help, 3.12) (page 38)

Reading

Sexuality-Read Mosby's Textbook for Long-Term Assistants, articles concerning sexuality pages 524-533.

Sensory Organs

Objective 6 Describe the sensory losses, referring to Handout 4.

The Manual for Training the Program Assistant in adult Day Care, discusses sensory losses as:

"There are changes associated with aging that affect the senses of sight, hearing, taste, smell, and touch. Most people experience changes in sight. Farsightedness develops during mid-life and gradually the older person finds that focusing takes longer. The eyes also adjust less rapidly to changes in light. An older person must wait longer in a darkened theater before proceeding down the aisle than a younger person would need to wait. [In addition, most adults need increased levels of light in order to see well.] Cataracts may form and the lens may become more opaque. Glaucoma, an increase in the internal pressure of the eye, also becomes more common." (Helping Families Help, 3.12) (page 38-39) Cataracts and glaucoma are treatable. Macular degeneration is not.

Reading
Mosby's Textbook for Long-Term Care Assistants discusses vision problems on pages 500-503.

A Manual for Training the Program Assistant in Adult Day Care describes the sensory loss of hearing as:

"Hearing loss, particularly of the higher pitches, is very common as some of the nerve connections in the ear are lost and membranes become more rigid. The elderly also may have difficulty determining the direction from which sound comes." (Helping Families Help, 3.12).

"The manual states, in addition, wax buildup in the ears may also decrease hearing. And hearing loss may also affect balance." (page 39)

Reading

Mosby's Textbook for Long-term Care Assistance provides information concerning the ear and hearing loss on pages 75-76, 102, 499-500.

A Manual for Training the Program Assistant in Adult Day Care, describes a loss of taste buds as:

"A loss of taste buds and a decrease in the sense of smell can be predicted for most elderly persons. Both of these senses are related to enjoyment of food. When these losses are accompanied by a decrease in saliva and slowed gastrointestinal activity, they may be a primary cause of decreased appetite and resulting poor nutrition." (Helping Families Help, 3.12)

The Manual continues to state:

" This sensory loss can also lead to the use of increased amounts of sweetener and salt in order to achieve a desired taste." (page 39)

The Manual for Training the Program Assistant in Adult Day Care describes the skin as :

"The last sensory organ is the skin. Aging skin becomes increasingly thin, wrinkled, and dry. The number of receptors in the skin is decreased. These changes result in decreased sensations [of heat, cold, and pain] and may make use of the fingers more difficult. Skin and foot care become increasingly important, particularly for the diabetic [because of the increased likelihood of skin breakdown and infection]." (Helping Families Help, 3.12)

The Manual continues:

"Further, it is not unusual to notice changes in pigmentation and decreased elasticity of the skin. The program aide should be aware that skin lesions are slower to heal and that skin tears and damage occur more easily.

In addition, body temperature can be difficult to maintain, requiring extra liquids in hot weather and extra clothing in cold." (page 39)

Reading
Mosby's Textbook for Long Term Care Assistance explains the skin on page 64-65, 99-101.

Handout #4 review by trainees and questions answered by nurse.

Trainees asked to describe warning signs to which they will now be alert.

Describe the experience of simulating sensory losses and state measures to compensate for sensory losses.

Objective 7 Describe the experience of simulating sensory losses and state measures to compensate for sensory losses.

Use Activity #5 or a similar exercise.

Discuss ways to compensate for sensory losses.

"Activity Five: Simulating Sensory Loss

To experience the sensory loss and mobility problems often occurring in later years. Trainees take one or two "characteristics and attempt a task. Each should be accompanied by an unimpaired helper, with whom roles will then be switched.

Modifications

Vision: eyeglasses smeared with Vaseline, plastic wrap over eyes, blinders or elaborate goggles designed to produce very specific visual impairments

Hearing: cotton balls in ears

Touch: gloves

Arthritis in hands: popsicle sticks taped on thumb and forefinger

Painful feet: dried beans or elbow macaroni in shoes

Very restricted mobility: use of wheelchair or walker--possibly with hand or leg tied down

Challenges to be undertaken while encumbered:

Task 1: (with impaired vision and with arthritis or limited touch)
find a pay phone

Task 2: (with impaired hearing and with arthritis or limited touch)
communicate with cashier or food server
handle money or food

Task 3: (with impaired vision and with arthritis)
go up and down stairs
go to the bathroom

Task 4: (with impaired vision and with arthritis or limited touch)
button shirt down the back
take medication out of a bottle

Task 5:
navigate anywhere in a wheelchair

Task 6: (with impaired vision and with arthritis)
change clothes

In addition, all of these tasks can be attempted with painful feet."(page 40)

Activity Six: "The Sixth Sense"

Video- The Sixth Sense

Discussion

The Aging Process--Illness and Disease

Objective 8 Identify some common illnesses and diseases associated with aging.

Objective 9 Describe the impact and implications of the illness and diseases for the aide and the participant.

The subjects listed below are known as common chronic physical conditions for persons age 65 and older. Sensory loss and complications of recognized common chronic conditions impose functional limitations and involve dilemma's of safety and care for participants.

Topics include:

1. Arthritis
2. Hypertension
3. Heart Disease
4. Diabetes
5. Dementia
6. Stroke

7. Osteoporosis

8. Parkinson's Disease

9. Depression

10. Aids

A Manual for Training the Program Assistant in Adult Day Care offers the following definitions and information for the topics listed above:

Arthritis

"Definition: Changes in joints due to certain diseases or years of "wear and tear."

Impact: Pain; joint stiffness, especially when rising after sitting; with medication management often recommended. Possible effects on the participant include inability or unwillingness to participate in activities; fatigue; weakness; and vulnerability to fractures and "quack remedies."

Actions:

- careful observation for signs of pain
- monitoring and reporting
- encouraging activities included in the care plan
- encouraging use of ambulation devices, if recommended
- providing a safe environment to protect against possible falls

(Adult Residential Day Care, page 190)

Allow rest periods alternating with periods of exercise. Be aware of activity limit due to arthritis, level of pain and discomfort.

Reading
Mosby's Textbook for Long-Term Care Assistants offers other information concerning Arthritis on pages 486 and 487.

Hypertension

Definition: "An increase in the pressure which blood places on the walls of the heart and arteries."

Impact: Hypertension is often a disease without symptoms, but one that puts the participant at greater risk of other cardiovascular diseases; a change in posture may produce sudden low blood pressure, resulting in dizziness on standing after sitting (which, in turn, could lead to a fall). Both dietary restrictions (low salt, low fat) and medication are commonly prescribed.

Actions:
- assistance with diet
- observation for signs of dizziness
- reminding participant to change stance slowly, assisting if necessary
- checking the blood pressure, if it is center policy

(Adult Residential Day Care, page 191)

Reading
Mosby's Textbook for Long Term Care Assistants relates more information concerning Hypertension on pages 379 and 505.

Heart Disease

Definition: Heart disease includes congestive heart failure, angina (chest pain), and arrhythmias (palpitations/irregular heart rate). A chronic condition requires a medical assessment and plan.

Impact: Fatigue and shortness of breath; increased sensitivity to physical or emotional stress-may lead to chest pain (or pain in the left arm, left back, neck, or jaw); sometimes ankle swelling, edema; fluid retention and weight gain but loss of appetite. Dietary restrictions (low salt, low fat) and medication are often prescribed. (Adult Residential Day Care, page 191)

Actions: Nitroglycerine is often used for angina (chest pain). The nitroglycerine may be administered regularly through a patch or carried by the participant for an emergency. Nursing staff may have some responsibility in monitoring the effects of medication, including nitroglycerine.

Specific actions include:

- observation, monitoring, and reporting
- preparation for and alertness to emergency situations
- other steps that must be carried out on a regular schedule

The individual plan of care is likely to have specific instructions on rest and activity.

Reading
Mosby's Textbook for Long Term Care Assistants relate additional information concerning Heart Disease on pages 505-507.

Diabetes

Definition: Diabetes is a chronic condition in which the body cannot utilize glucose as an energy source. Diabetes is a metabolic disorder. The body chemistry is abnormal, resulting in the inability to use food properly. Insulin is the hormone that enables the body to use glucose, and indirectly, all foods. Insulin is produced by the pancreas, a gland that lies behind the stomach. When diabetes occurs, the pancreas either stops making insulin or does not produce enough to handle all the glucose.

Impact: Diabetes is controlled through a strict diet, and medication-sometimes oral, sometimes by injection. If the diabetic fails to follow the diet, or does not eat at regular intervals, the result can be hypoglycemia (low blood sugar). This will cause the diabetic to feel headachy, faint, perhaps a little nervous, trembling, and sweating. If these symptoms occur. he or she needs to have a quick sugar source: a glass of orange juice or a piece of candy. It is mandatory for a diabetic always to have one of these on hand.

The symptoms of hyperglycemia (high blood sugar) may come on slowly, sometimes over a day or two, and do not strike with the suddenness of hypoglycemia. Vomiting, generalized pains, and difficulty in breathing may result in a coma. In this state, the diabetic cannot be stimulated, as they could be from a deep sleep. Emergency measures are necessary. ("Diabetes," 1989)

In addition to these acute attacks, the long -term impact may include fatigue, increased susceptibility to skin problems, ulcers or infection of the foot, and the possibility of progressive blindness.
Actions:

- monitoring of meal times, diet, medication management, skin and foot care, and exercise

- observation and prompt reporting for possible incidents of hyperglycemia or hypoglycemia

Dementia

Dementia is a very important condition in the population served in adult day care and is discussed at length in Unit 8, "Serving Individuals with Alzheimer's Disease and Other Dementias."

Stroke

Definition: Stroke is the most common name for a cerebrovascular accident (CVA). Brain damage results from a lack of blood supply to the brain-caused by a blood clot, rupture, or narrowing of a blood vessel.

Impact: Depending upon the location of the damage, the impact upon the participant may be: hemiplegia (the impairment of mobility on one side of the body for example, the left arm and leg) with changes in ambulation and the need for an aid such as wheelchair, walker, or cane; speech problems; vision changes; thought or memory problems; increased frustration, dependence on others, or emotional fragility; and depression. (Adult Residential Day Care, page 191)

Actions:

- physical and emotional support
- observation and reporting
- encouragement in carrying out the ADLs, with assistance, when necessary
- participation in carrying out the plans for occupational, physical, and speech therapy

Reading
Mosby's Textbook for Long Term Care Assistants relate additional information on pages 496-497, 549.

Osteoporosis

Definition: Osteoporosis is a bone disorder in which the bone becomes porous and brittle. Elderly persons and post-menopausal women are more likely to develop this. A dietary lack of calcium and hormonal changes in women are major causes of osteoporosis; immobility is another cause. For bone to be formed properly, it must be used to bear weight. If not, calcium is absorbed and the bone becomes brittle and porous.

Impact: Fractures are a major threat. Bones are so brittle that the slightest stress can cause a fracture.

Actions:

- Osteoporosis is treated with calcium and vitamin supplements, and sometimes with the hormone estrogen.
- Exercise and good posture are important; sometimes a brace or support and/or walking aids can be used.
- Caution must be used in transferring the participant.
- Protection against accidents and falls is essential.
  (Mosby's Textbook for Long-Term Care Assistants, pages 418-419)

Parkinson's Disease

Definition: Parkinson's disease is a slow and progressive disorder in which degeneration of an area of the brain occurs. There is no cure.

Impact: Signs and symptoms may include a masklike facial expression; tremors; pill rolling movements of the fingers; a shuffling gait; stooped posture; stiff muscles; slow movements; slurred or monotone speech; and drooling. Mental function is usually not affected at the onset, but as the disease progresses, confusion and forgetfulness may develop. (Mosby's Textbook for Long Term Care Assistants, page 421.) There is also a forward propulsion to the gait, described in Unit 4, "Personal Care," page 76. Treatment includes medication management and, often physical therapy.

Actions:

- The participant may need help with ADLs.
- Safety precautions are important because of changes in posture and movement.
- If the participant's mental function is affected, then appropriate responses to confusion and memory loss are essential.

(See "Serving individuals with Alzheimer's Disease and other Dementias," Unit 8.)

Depression

Definition: "Depression is a state of lowered mood and reduced activity. It is the natural response to loss and disappointment. Depression is only abnormal when it is out of proportion, in intensity and/or duration, to the stress that gives rise to it."

Depression is the most common of all emotional disorders for all ages. Among the elderly, depression is almost twice as common as dementia, possibly affecting 20-25 percent of this population.

Causes of depression include: heredity (for certain types of depression); psychosocial factors such as stress, loss, or failure-and the inability to compensate; cognitive factors (such as a negative view of oneself); a chemical imbalance in the brain; some drugs that are prescribed for elders; and physical illness.

Impact: Symptoms often include changes in appetite and in sleep habits, loss of pleasure and interest in activities, feelings of worthlessness, and thoughts of death and suicide. Symptoms most common to the elderly depressed person are reduced activity, fatigue, preoccupation with physical functioning, and difficulties in concentration. (Aging and Mental Health, Chapter 4, pages 13-14)

The impact of depression on the participant will affect the implementation of all elements of the individual's plan of care and almost all daily activities (including times for meals and rest).

Actions:

- Staff can be given some direction in dealing with the depressed participant: offering careful listening, support, and encouragement.
- In addition, specific actions and behavior to monitor and report for each such participant should be provided to all staff members.
- Any attempts at or conversation about suicide should be reported at once.

HIV and AIDS

Definition: HIV is the human immunodeficiency virus, the virus responsible for AIDS and HIV-related disorders. It is possible to have the virus and not have symptoms. AIDS, acquired immunodeficiency syndrome, is a clinical diagnosis based upon the presence of specific infections or malignancies. AIDS is progressive, and currently there is no cure for it.

Impact: Presenting symptoms may include diarrhea, weight loss, and fever. As the disease progresses, other conditions and symptoms can occur including visual impairment and AIDS dementia. As people with AIDS live longer, they may become more functionally impaired. Many persons with AIDS are on drug therapy and their medications need to be monitored.

Many adult day care centers are now serving individuals who are HIV-positive, but neither they nor the staff may be aware of it. And many more centers in the future will be serving individuals who are infected.

Actions: Often people with AIDS face social stigma. There is currently much misinformation and fear at the mention of the disease. It is imperative that adult day care staff members explore their feelings and attitudes about working with people with AIDS. It is also important to recognize that it is the obligation of the adult day care center to serve appropriate participants (whose needs can be met in the center) regardless of their diagnosis.

In addition, any center "serving individuals with AIDS must provide a warm and accepting environment. This emotional support, along with strong medical supervision, allows clients to remain at home in an improved state of wellness." (Standards and Guidelines for Adult Day Care, pages 178-191)"

Discussion of staff's feelings and attitudes about AIDS.

Universal Precautions: Because any center may be serving individuals who are HIV-positive, appropriate infection control measures are essential for all staff in all centers with all participants. These universal precautions are infection control guidelines based upon exposure to body fluids and include: hand-washing, the use of gloves and protective garments, needle precautions, specimen handling, waste disposal and food handling. (See Exposure "Control and Universal Precautions in Unit 7, "Facility and Environment and Safety Considerations.")

Additional Conditions and Illnesses

There may well be other conditions or illnesses so frequently seen at any one center that information on that condition and its impact are necessary.

Video Presentation

Before the going Gets Rough

Additional handouts and videos may be added according to presenting trainers disgression.

References and additional resource information are available and located on pages 47-49 in, A Manual for Training the Program Assistant in adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third street SE, Washington, DC 2004, 1993.

A CRABBIT OLD WOMAN WROTE THIS

What do you see nurses, what do you see?
Are you thinking when you are looking at me–
A crabbit old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
When you say in a loud voice–"I do wish you'd try."
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.
Who unresisting or not, lets you do as you will,
With bathing and feeding, the long day to fill.
Is that what you are thinking, is that what you see?
Then open your eyes, nurse, you're not looking at me.
I'll tell you who I am as I sit here so still;
As I use at your bidding, as I eat at your will,
I'm a small child of ten with a father and mother,
Brothers and sisters, who love one another.
A young girl of sixteen with wings on her feet,
Dreaming that soon now a lover she'll meet;
A bride soon at twenty–my heart gives a leap,
Remembering the vows that I promised to keep;
At twenty-five now I have young of my own,
Who need me to build a secure, happy home;
A woman of thirty, my young now grow fast,
Bound to each other with ties that should last;
At forty, my young sons have grown and are gone,
But my man's beside me to see I don't mourn;
At fifty once more babies play round my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all rearing young of their own,
And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel–
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigour depart,
There is now a stone where I once had a heart;
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few–gone too fast,
And accept the stark fact that nothing can last.
So open your eyes, nurses, open and see
Not a crabbit old woman, look closer–see ME!

It appeared when the old lady died in the geriatric ward of Ashludie Hospital, near Dundee, that she had left nothing of any value; then the nurse going through her possessions found a poem. The quality of this so impressed the staff that copies were duplicated and distributed to every nurse in the hospital.

When one of the nurses, 25-year-old Bertha Rainey, moved to nurse geriatric patients in Braid Valley Hospital, Ballymena, she took her copy with her and the poem–the old lady's only bequest to posterity–has since appeared in a Christmas edition of the *Beacon House News*, magazine of the Northern Ireland Association for Mental Health, and also in Barrow Hospital's *The Barrow Broadsheet*.

Source: *Nursing Mirror*, December 22, 1972

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ATTITUDES ON AGING

Complete the sentences.

1. I would most like to be ______ years old, because ______.
2. When I think about dating someone 15 years older than me, ______.
3. Young drivers ______.
4. Drivers licenses for people older than ______.
5. If the airline pilot has gray hair, I ______.
6. The age range in my ideal neighborhood would be ______.
7. Children in restaurants ______.
8. My boss's age ______.
9. My doctor's age ______.
10. Older women at the beach ______.
11. When people get older, sex ______.
12. When I hire someone for a job, their age ______.
13. When someone makes an ageist joke, I ______.
14. If I'm sitting on a bus and an older person gets on, I ______.
15. There's only so much money for health care, so ______.
16. Retired people who go back to school ______.
17. A movie about a group of older women ______.
18. Life after 70 ______.
19. When an older person fumbles for change in the line ahead of me at the grocery store, ______.
20. Nursing homes are ______.

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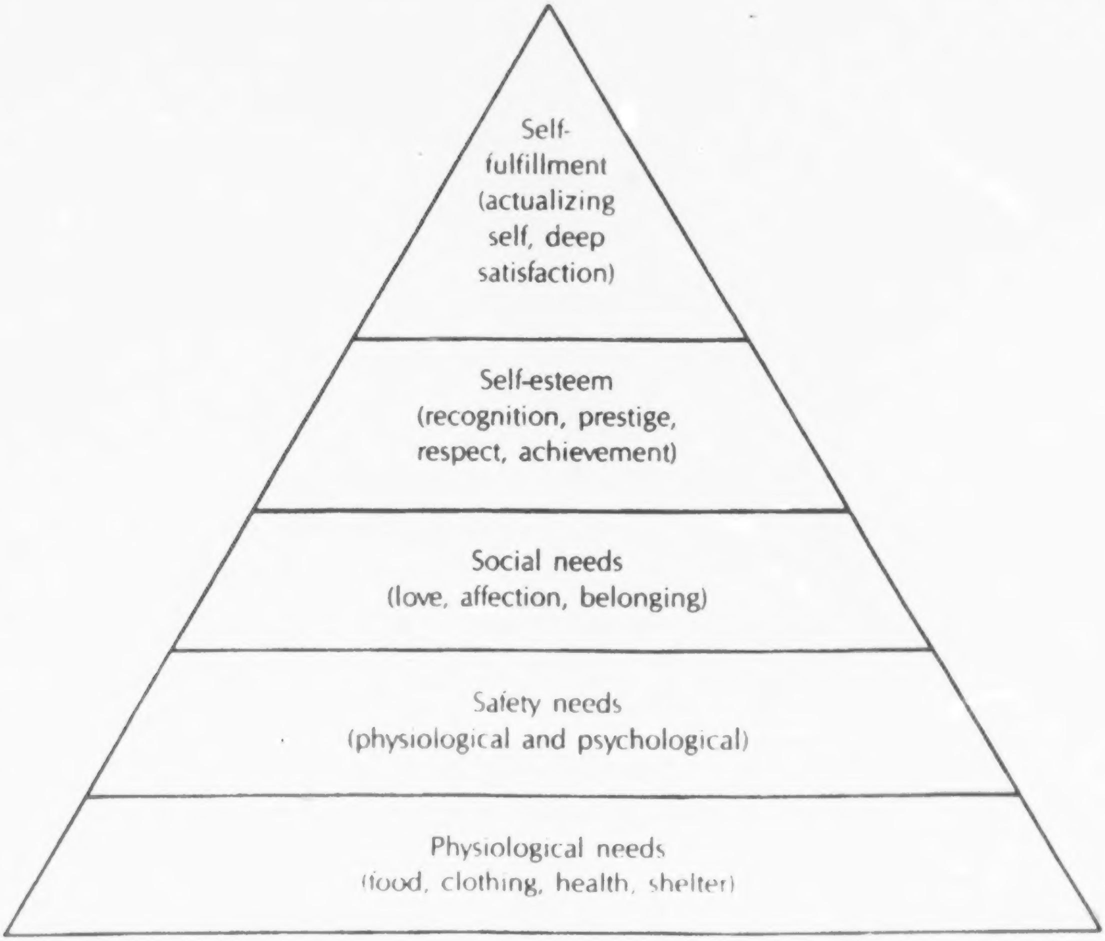
MASLOW'S HIERARCHY OF HUMAN NEEDS


Self-fulfillment (actualizing self, deep satisfaction)
Self-esteem (recognition, prestige, respect, achievement)
Social needs (love, affection, belonging)
Safety needs (physiological and psychological)
Physiological needs (food, clothing, health, shelter)

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NORMAL AGING PROCESS

Aging is a process that starts when we are born and continues gradually throughout life. As it ages, the body contains less fluid, more fiber, and a higher percentage of fat. In addition to these general changes there are changes in all of the systems of the body.

Cardio-vascular system—the heart and the blood vessels

- It takes the heart [rate] longer to return to normal after exercise
- Normal blood pressure tends to rise 8-10 points

Respiratory system

- Lung capacity is decreased
- Lungs are less flexible
- Muscles are weaker and do not allow the lungs to exhale as efficiently
- Cough efficiency is decreased

Urinary system

- Fewer nephrons to filter out impurities
- Less blood flow to the kidney
- More bladder incontinence

Digestive system (gastrointestinal)

- Indigestion increases; increased heartburn
- Less gastric acid; it is more concentrated
- A lesser amount of saliva is secreted
- Pouches in the bowel become more frequent

Musculoskeletal system

- Loss of muscle strength
- Loss of bone density
- Wear and tear on the joints arthritis

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(continued)

Nervous system

- ▶ Changes in speed of response due to slower nerve conduction
- ▶ Changes in the way short-term memory functions
- ▶ Sleep
  - less dream sleep, less deep sleep
  - may wake up feeling like one has not slept at all
  - the taking of sleeping medication may exaggerate the changes

---

Sexuality

- ▶ Less intensity
- ▶ Less speed of response
- ▶ Continued enjoyment

Sensory changes

- ▶ Eyes/vision
  - reduced night vision
  - more sensitive to glare
  - slower adaptation to changes in light
  - cataracts may develop
  - glaucoma more prominent
- ▶ Ears/hearing
  - reduced ability to hear high frequencies
  - reduced ability to locate direction of sound
- ▶ Taste and smell
  - 25% fewer taste buds – food needs more flavoring to make it tasty
  - decreased sense of smell can mean decreased pleasure in eating
- ▶ Touch
  - reduced sensation, particularly in the palms of the hands and the soles of the feet, causes increased clumsiness of the fingers
  - this change in sensation is of special significance to the diabetic

---

Source Crump, Beverly J., M.Ed., and Rhonda Montgomery, Ph.D., editors *Family Seminars for Caregiving: Helping Families Help*. Participant's Handbook. Seattle, Washington: University of Washington Press, 1986. Reprinted with permission of the publisher.

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Unit 3

Administration and Organization

Unit 3

Administration and Organization

Trainer: Center Administrator, trainer

Time Estimate: 1-2 hours

Handouts:

1. Program Aide Job Description
2. Rules for Record Keeping (Manual Unit 3, Handout 1)
3. The Daily Living Centers Safety Rules
4. The Daily Living Centers Medical Emergency Plan
5. The Daily Living Centers Emergency and Severe Weather Evacuation Plan
6. Personal Protective Procedures (Manual Unit 3, Handout 2)

Objectives:

1. Locate the aide's place in the organization chart
2. State any specific responsibilities of aides in the organization plan
3. List the contents of a participant record
4. List the rules for recording in the participant record
5. Complete a report according to the rules
6. List the reasons for extra safety precautions
7. Describe the center's emergency plan
8. State extra safety precautions necessary
9. Describe the aide's role in an emergency
10. Define an occurrence that requires the completion of an incident report and describe the center's policies and procedures for reporting

Key words

1. Governing body: That group of individuals with legal authority for the direction and operation of the center and program
2. Advisory committee: An appointed body whose role is to offer advice, without direct responsibility for oversight
3. Lines of authority: Interrelationships of staff (along with the governing body, perhaps), including supervisory role
4. Channels of communication: The official order in which one speaks or writes to others in an organization
5. Accuracy: The condition or quality of being true, correct, and free of error
6. Observation: The act of watching, perceiving, or noting attentively and for the purpose of collecting details in order to report accurately
7. RACE: An acronym for rescue/alert/contain/extinguish, the proper order of the steps to be taken in a fire emergency
8. Combustible: Capable of catching fire and burning, flammable
9. Advanced directive: A specific written order for steps to be taken in a health care emergency, a legal document reflecting the informed decision of the individual participant
10. No code: The specific order "do not resuscitate" in the event that the participant stops breathing-as contained in a legally authorized advance directive

Reference : A Manual for Training the Program 'Assistant in adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third street SW, Washington DC 20024. Pages 55-56.

Administration

Objective 1 Locate the aide's place in the organization chart.

Objective 2 State any specific responsibilities of aides in the organization plan.

Discussion: History and mission of the center, organizational chart, communication channels, job description, and other pertinent policy and procedure of center. (Information taken from The Daily Living Centers, Inc., Policy and Procedures Manual)

Handout 1 Job Description

The Manual for Training the Program Assistant in Adult Day Care discusses the following:

" In most centers there is a governing body with full legal authority and full financial responsibility for the operation of the center. It may also serve as the advisory body. In some centers there is a separate advisory committee which reviews and makes recommendations on program and policy. Generally, the advisory body includes representatives of the community, family members, and staff representatives.

The center will, if it meets the NIAD standards, have a written plan of operation covering all policies and procedures, an organization chart that illustrates the lines of authority and channels of communication, a fiscal system, a financial plan, a strategic plan, and plans for marketing and for quality assurance. It will also have personnel policies (covered in Unit 6, "Staffing") and policies concerning records.

The area of greatest direct importance to the program aide is that of the policies on records, particularly participant records. " (page 57)

Participant Records

Objective 3 List the contents of a participant record.

Display a sample copy of a participant record. Discussion concerning components and discuss center policy concerning subject.

The Manual for Training the Program Assistant in Adult Day Care reminds that:

"Participant records are confidential documents, seen only by those authorized to see them. If a program aide has no responsibility for a certain participant, then the aide has no need or right to see that person's record.

The policy of the center, written in compliance with state law, will specify under what circumstances the participant or the family/caregiver can see the record.

The center staff is expected to exercise the center's policy of confidentiality in regard to all information in the record. When not in use, participant records are kept under lock.

Participant records should include:

1. Application and enrollment forms

2. Medical history and functional assessment

   Interdisciplinary plan of care
3. Fee determination sheet

4. Service contract

5. Signed authorizations for releases

6. Signed authorization for emergency care

7. Ancillary reports

8. Correspondence

9. Attendance and service records

10. Transportation plans

11. Results of physical examinations

12. Medical information sheet (with physicians' orders and treatment and therapy notes)

13. Discharge plan

14. Current photograph

15. Emergency contacts

There may also be a daily log for the participant. (Standards and Guidelines, pages 34 and 35)" (page 58)

Objective 4 List the rules for recording in the participant record.

Handout 2 Rules for Record Keeping (Manual Unit 3, Handout 1)

Use current center sample forms that aide's are responsible to record.

Explanation of center's policy and procedure and details concerning aide's responsibility for record keeping. Practice filling out forms.

The Manual for Training the Program Assistant in Adult Day Care recommends the following rules when keeping records:

1. "Always use black ink.
2. Include the date and the time whenever a recording is made.
3. Make sure writing is legible and neat.
4. Use only the abbreviations approved by the center.
5. Make sure spelling, grammar, and punctuation are correct.
6. Never erase if you make and error. Draw a line through the incorrect art, write "error" over it, initial it, and rewrite the part.
7. Sign all entries with your name and title according to the policy of the center/
8. Do not skip lines. Draw a line through the blank space of a partially completed line to prevent others from recording in a space with your signature.
9. Make sure each form on which you are writing contains the participant's name and other identifying information.
10. Never chart a procedure or treatment until it has been completed.
11. Be accurate, concise, and factual; do not record judgments or interpretations.
12. Record in a logical and sequential manner.
13. Be descriptive; avoid terms that have more than one meaning.
14. Use the participant's exact words whenever possible. Use quotation marks to show that the statement is a direct quote.

(Adapted from Mosby's Textbook for Long Term Care Assistants, pages 32-33) (page 59)

Objective 5 Complete a report according to the rules.

Using a sample incident ask aide's to write an incident report using the points emphasized in the handout.

Emergencies

Objective 6 List the reasons for extra safety precautions.

Handout 3 Center Safety Rules

Discussion of vulnerabilities of older persons.

The Manual for Training the Program Assistant in Adult Day Care reminds that:
"It is the responsibility of all staff members to ensure that the environment of the center is as safe as possible. It is particularly necessary to protect participants from dangerous situations because of the special vulnerabilities that some or all of them have experienced, making them less able to ensure their own safety:

- Their aging musculoskeletal systems have made most participants less strong, less well-balanced, less able to move quickly and surely, and more likely to fall.
- Those whose vision has diminished are less able to see obstacles in their way and may be in danger of tripping and falling; they also are less likely to see labels and instructions clearly.
- Those whose hearing is impaired may have trouble hearing alarms, warning signals, even a fellow participant approaching in a wheelchair.
- Those whose sense of touch has decreased may not sense heat accurately and are in danger of burning themselves.
- Those who are taking medication may experience side effects such as dizziness, drowsiness, loss of balance, and disorientation.
- Those who are very confused and/or who have dementia are vulnerable to many dangers in their environment. (This is discussed at length in Unit 8, "Serving Individuals with Alzheimer's Disease and Other Dementias.") (page 61)

Objective 7 Describe the center's emergency plan.

Objective 8 State extra safety precautions necessary.

Objective 9 Describe the aide's role in an emergency.

Handout 4 of center medical emergency plan.

Handout 5 of center emergency and severe weather evacuation plan

Explanation and discussion of specific assignment an aide might have using different assignments. Demonstration of use of emergency equipment and procedures. Unit 7 discusses more fully topics concerning safety measures and environmental precautions.

The manual recognizes that each center's emergency plan will be different but presents the following points to ensure that aide's are aware of the actions necessary:

- "What to do in case a participant collapses.
- What to do in case a participant is missing.
- What to do in case of fire.
- What to do in case of disaster (flood, gas line breaks, downed electric wires, hurricane, even earthquake- if covered in the local code)
- How to use emergency equipment (such as a fire extinguisher)
- What the aide's individual assignment is in any emergency.
- Evacuation procedures.
- The importance of the sequence RACE (rescue/alert/contain/extinguish)" (page 61)

Safety Precautions

Discuss center plan for safety precautions. The Manual reminds the plan should include:

- "The proper use and storage of oxygen tanks.
- The proper use and storage of combustible materials (especially those used in crafts activities and in cleaning)

- The center's smoking policy-and restrictions" (page 62)

Personal Protective Procedures

Handout 6 "Personal Protective Procedures" (Manual Unit 3, Handout 2)

Discussion of the following points suggested by the Manual:

- Program aides should always wear name tags and be certain that each participant is wearing his or her own name tag.
- Program aides should identify themselves by name and use participants names when addressing them.
- Program aides must always check the name tag of the participant before serving a special diet meal, performing a personal service, assisting in a therapy, or handing them medication (only if the aide is trained and permitted to handle medication).
- Program aides must understand the meaning of an advance directive and a "no code," for which participant(s) these are applicable, and whom they are to alert under what circumstances.
- Program aides must be trained and currently certified in first aid, including the Heimlich maneuver, and CPR, (At least two such qualified staff members must be in the center during all hours of operation.) (page 62)

Objective 10 Define an occurrence that requires the completion of an incident report and describe the center's policies and procedures for reporting.

Explain aide's role for reporting incidents and accidents. Discuss center policy on what determines an incident report or an accident report. Discuss procedures to be followed. Discuss objectivity and review reporting points. Fill out sample accident or incident reports.

Evaluation

Discuss center policy on employee evaluation and relate the quality of work performed to the overall quality of the center.

References and resources page 63, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington, DC 2004, 1993.

Reference The Daily Living Centers, Inc., Policy and Procedure Manual and Staff Orientation Manual, 3200 NW 48, Okc., Okla. 73112.

Unit 3, Handout 1 Program Aide Job Description

Job Descriptions vary and may be flexible. Trainer should procure Center's Program Aide Job descriptions from Center Administrator before each new training session. Some Job Descriptions may include the following:

1. Assist in delivering the activity program.
2. Prepare/Assemble equipment, supplies for activities.
3. Alert and assist participants concerning activities.
4. Possibly develop small group activities
5. Maintain activity area in a clean and safe manner.
6. Assist participants with personal care.
7. Assist participants with toileting and handwashing.
8. Assist participants into and out of center facility.
9. Assist with snacks and meal, and cleanup procedures.
10. Encourage participant to participate in activities.
11. Monitor and Maintain center in a clean and safe manner.
12. Monitor and Maintain participant and staff safety.
13. Document and report required information.
14. Assist director as needed.

RULES FOR RECORD KEEPING

1. Always use black ink.

2. Include the date and the time whenever a recording is made.

3. Make sure writing is legible and neat.

4. Use only the abbreviations approved by the center.

5. Make sure spelling, grammar, and punctuation are correct.

6. Never erase if you make an error. Draw a line through the incorrect part, write "error" over it, initial it, and rewrite the part.

7. Sign all entries with your name and title according to the policy of the center.

8. Do not skip lines. Draw a line through the blank space of a partially completed line to prevent others from recording in a space with your signature.

9. Make sure each form on which you are writing contains the participant's name and other identifying information.

10. Never chart a procedure or treatment until it has been completed.

11. Be accurate, concise, and factual; do not record judgments or interpretations.

12. Record in a logical and sequential manner.

13. Be descriptive; avoid terms that have more than one meaning.

14. Use the participant's exact words whenever possible. Use quotation marks to show that the statement is a direct quote.

Adapted from Mosby's *Textbook for Long-Term Care Assistants*, pages [illegible]

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Safety Rules
The Daily Living Centers, Inc.
3200 NW 48
Okc., Ok. 73112

Handout 3

Safety of participants and staff in the center is of paramount importance. It is the responsibility of each staff member to insure that the facility is at all times maintained in a safe manner. The following rules will assist in that expectation.

1. Always have both hands free when assisting participants. Holding a container of coffee in one hand while assisting a participant can present the danger of spilling the coffee and burning or soiling the participant.
2. Keep all janitorial and cleaning products in locked storage when not in direct use. Kitchen mops can not be used in the bathroom and vice versa.
3. Keep the kitchen door closed. Participants may be injured without staff supervision in the kitchen.
4. Fill cups 1/2-3/4 full to avoid spills or injury.
5. Clean spills immediately to prevent falling/
6. Store craft and project equipment properly.
7. Pathways and evacuation routes should always be kept clear of obstructions.
8. Wall hangings must always be secured to wall.
9. Be alert for safety hazards and participant well being at all times.

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Handout 4

Medical Emergency Definition
Medical problems requiring emergency treatment by Center staff while awaiting emergency medical assistance.

Medical Emergency Plan
The Daily Living Centers, Inc.
3200 NW 48
Okc., Ok. 73112

In the event a participant goes to the ground, the center staff will:

1. Determine level of consciousness
2. Determine presence of pulse
3. Determine whether the individual is breathing
4. If no pulse/difficulty breathing/or altered state of consciousness, call 911, EMS
5. Initiate CPR if no pulse or breathing activity, continue CPR until EMT/Paramedic personnel arrive on the scene
6. Have the following information available for EMSA:
   a. Patient's name
   b. Patient's physician
   c. Hospital of choice
   d. Previous medical diagnoses
   e. Current medication taken
   f. Drug allergies
   g. Patient's next of kin to be notified

In the event of profuse bleeding, the center staff will:

1. Apply direct pressure with a dry sterile dressing. Further, elevate limb if appropriate.
2. If direct pressure + elevation fail to control bleeding, locate the nearest and/or most appropriate pressure point, applying pressure at this point to control bleeding.
3. If this fails to control bleeding and the patient is in danger of circulatory shock, apply tourniquet proximal to the bleeding site, noting time of tourniquet placement
4. Monitor vital signs
5. Treat for shock by covering individual with a blanket, elevating the feet and administering 02 by mask when available
6. Activate the EMS and advise them of the situation
7. Notify next of kin/personal physician
8. Provide EMT/Paramedic personnel with the information outlined in 6 a-g procedures

In the event of a seizure or convulsion, the center staff will:

1. Protect participant from injury
2. Use padded tongue blade to protect tongue and teeth, if necessary
3. If seizure ends within five minutes and does not recur, primary physician should be contacted when situation is not an emergency.
4. If seizures are repetitive, emergency medical care should be summoned

Center Nurse should be notified concerning any medical emergency.

Fire Evacuation and Severe Weather Emergency Plan
Daily Living Centers, Inc.
3200 NW 48
Oklahoma City, Okla. 73112

Handout 5

Fire drills will always be referred to as "Code Red". Code Red will be practiced once a month. Four times a year Code red with Plan B evacuation will be done outside. The others will be "Cold Weather" Plan A, evacuation to the community room.

Fire Drill Information:

Staff: Make a quick assessment and see if anyone who is not in a wheelchair needs to use one for the drill.

Ambulatory (fastest movers) First

Wheelchairs Second

Walker Users Third

Plan A: Cold Weather Evacuation

Announcement will be made over the intercom that a Code Red is in progress with the fire location. For drills the Program Coordinator will designate the area and Administrative Assistant will make the announcement over the intercom.

Example:

Attention please, attention, this is a Code Red, Location ....

Note: Location will vary and be determined by the Program Coordinator.

It is the responsibility of all staff members to learn their role for a Code Red. This cold weather drill will be performed eight times a year, with evacuation to the community room in most instances.

Plan B: Warm Weather Evacuation

Four times a year, in nice weather, we will evacuate to the east parking lot by the tree and flower box instead of the community room. All other procedures for Plan B are the same as Plan A.

Procedure

1. Group Leaders
   Immediately after the announcement is made, each group leader will take charge in a calm, orderly manner. Evacuate the fastest moving participants first, then the slower moving participants to the designated location. Determine the route to be taken using the location of fire. Always use the nearest exit, unless the location of the fire interferes with a safe evacuation, following the posted exit routes.

   (a) Group leader will take charge and instruct geriatric aides, and Senior employees in getting everyone to safety. Always shut door when last person is evacuated.

2. Program Director
   Immediately get census clipboard and highlighter pen. Escort participants in the living area to the nearest safe exit, not involved in fire. Highlight each participant's name as they arrive. Stay calm and keep everyone safe, calm, and together.

3. Geriatric Aides and Senior Employment Staff

   Learn where all exits are. Be ready to assist in transporting participants in wheelchairs. Listen to group leaders and carry out their instructions. Close door to area, if you are the last person to exit. Be calm and offer reassurance to the participants.

4. Secretary
   (Winter Months) Note time of message and announce Code Red and location of fire following procedures as outlined. Immediately after announcement, go to locker area. Give each participant a coat as they go by. (Do not try to give the correct coat to each participant.) If any coats are left over, take them and the cardex containing participant phone numbers and responsible parties names. Close the door to the adminisration, then evacuate to the community room.

5. Staff Member in charge

6. Informs secretary to call for Code Red, Plan "A" or "B" and determines specific area of fire. Goes immediately to supervise evacuation. Does final walk through of the building to see if everyone is out, closing each doorway after checking. Goes to designated area to announce all clear, noting time for documentation. Written documentation of each Code Red announced, recording time Code Red announced, area of designated fire, overall review of evacuation, and time all clear announced will be documented and kept on file in the Administration office.

Note: In case of actual fire, the person who first detects the fire will follow the procedure described below.

A. Call 911 giving name and address: The Daily Living Center
3200 NW 48 Street
Okc.

B. Then notify secretary who will announce the Code Red. Location of fire will determine if Plan "A" or Plan "B" is carried out.

Severe Weather Emergency Response Plan

Administrative Assistant has battery powered radio and monitors weather broadcasts.

Administrative Assistant announces weather alert.

Staff assists all participants into main hallways, north-south.

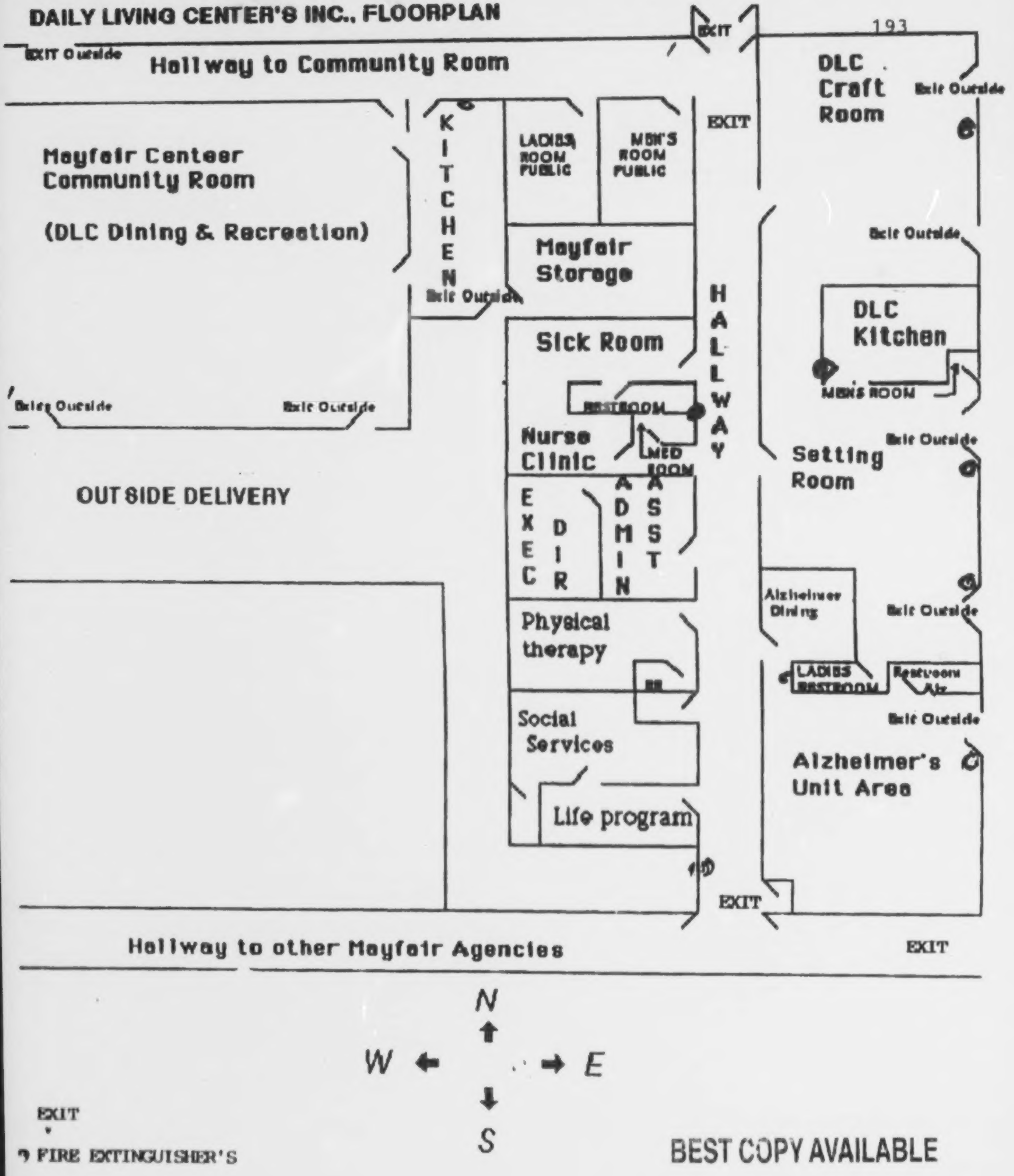
Staff closes all doors and takes a head count.

When time allows participants are divided into groups and taken to:

1. Women's bathroom located off living room area (possibly all wheel chair participants)
2. Administrative Assistants office
3. Copy/Medicine room
4. Building Manager's office
5. Isolation bathroom
6. Exercise room bathroom

The Administrative Assistant will advise staff when alert has been discontinued and give futher instruction as necessary.

DAILY LIVING CENTER'S INC., FLOORPLAN


EXIT Outside
Hallway to Community Room
EXIT
DLC Craft Room
Exit Outside
EXIT
Mayfair Centeer Community Room
(DLC Dining & Recreation)
KITCHEN
LADIES ROOM PUBLIC
MEN'S ROOM PUBLIC
Mayfair Storage
Exit Outside
Exit Outside
DLC Kitchen
HALLWAY
Sick Room
MEN'S ROOM
RESTROOM
Exit Outside
Exit Outside
Nurse Clinic
MED ROOM
Exit Outside
Setting Room
OUTSIDE DELIVERY
EXEC DIR
ADMIN ASST
Alzheimer Dining
Exit Outside
Physical therapy
LADIES RESTROOM
Restroom Alz
RR
Exit Outside
Social Services
Alzheimer's Unit Area
Life program
EXIT
Hallway to other Mayfair Agencies
EXIT
N
W
E
S
EXIT
FIRE EXTINGUISHER'S

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PERSONAL PROTECTIVE PROCEDURES

- ▶ Program aides should always wear name tags and be certain that each participant is wearing his or her own name tag.
- ▶ Program aides should identify themselves by name and use participants' names when addressing them.
- ▶ Program aides must always check the name tag of the participant before serving a special diet meal, performing a personal service, assisting in a therapy, or handing them medication (**only if the aide is trained and permitted to handle medication**)
- ▶ Program aides must understand the meaning of an advance directive and a "no code," for which participant(s) these are applicable, and whom they are to alert under what circumstances
- ▶ Program aides must be trained and currently certified in first aid, including the Heimlich maneuver, and CPR. (At least two such qualified staff members must be in the center during all hours of operation.)

Other protective procedures used at this center:

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Unit 4

Personal Care

Unit 4

Personal Care

Trainer: Center administrator or nurse, trainer, with activities coordinator and therapists for certain topics, as indicated in the text

Time Estimate: 3-5 hours
Video Presentation 1 1/2 Hours
Clinical

Handouts:

1. Essential Principles and Steps in Providing Personal Care Services

2. Handwashing

3. Proper Body Mechanics

Objectives

1. Define personal care
2. List the basic principles and essential steps for all personal care services
3. Demonstrate proper handwashing
4. State the universal precautions/exposure control measures used in the center
5. Demonstrate proper body mechanics
6. Demonstrate proper techniques in assisting with ambulation and transfer
7. Demonstrate proper techniques in feeding
8. Demonstrate proper techniques in providing the grooming services, if any, offered at the center
9. State the important principles in toileting
10. Demonstrate bathing-if it is the responsibility of the aide in the center

Key Words

1. Personal care: Care provided to assist and individual with the activities of daily living
2. Activities of daily living (ADLs): Functions or tasks for self-care usually performed in the normal course of a day, including bathing, dressing, toileting, transferring, eating, and mobility

3. Transfer: To move or shift from one place to another-here, usually from one seat to another (for example, wheelchair to chair or toilet)
4. Universal precaution/exposure control: Infection control guidelines developed by the Centers for Disease Control, intended to protect the worker against possible HIV transmission through exposure to blood and certain other body fluids
5. Body mechanics: Using one's body safely and efficiently
6. Ambulation: Walking about, moving from place to place
7. Assistive device: A mechanical or electrical invention or contrivance that helps or provides support
8. Incontinence aids: Products for individuals unable to restrain the elimination of urine or feces

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third street SW, Washington DC 20024. Pages 66-67.

The Manual allows unit 4 to be separated into two segments entitled:

1. Personal Care Services and Other ADLS

2. Body Mechanics, Ambulation, and Transfers

The Manual states: " Through references to individual participants apply to either men or women, feminine pronouns have been used to simply the wording." (page 68)

Personal Care Services

Objective 1 Define personal care.

Discussion concerning trainees feelings about giving and receiving personal care.

The Manual for Training the Program Assistant in Adult Day Care discusses the following:

"Personal care is the provision of assistance and supervision necessary in order to carry out the activities of daily living: walking, eating, grooming, toileting, and bathing. Another part of personal care is assistance in "transfer," moving from one place to another-from a chair to a wheelchair, from a wheelchair to a toilet-even from a chair to a standing position.

Most program aides will spend a significant part of their day providing personal care services. Successful training in this is crucial.

The starting point in this area of training involves a sensitivity to the feelings of the participants who are receiving these services. Since personal care is just that-personal-it is best approached by staff persons who are always conscious of how they might feel if someone had to help them with such basic and personal measures that they had been able to perform for themselves since childhood." (page 68)

Discussion questions:

How would you feel if you needed help in personal care?

How would you feel if that care were provided by someone other than a family member or close friend?

If you have ever had the experience of needing help with personal care, would you share your experience?

Consider the different situation of needing help with personal care for a limited time such as after surgery, childbirth, etc. and expecting to continue to need care after a sever stroke, brain damage, etc.

Basic Principles

Objective 2 List the basic principles and essential steps for all personal care services.

Handout 1 Essential Principles and Steps in Providing Care Services

The Manual cites the following principles and steps that should be involved when performing personal care services:

Principles

1. "Always treat the participants with respect, and protect their dignity and privacy.

2. Never do for the participants what they can do for themselves-encourage and support their efforts.

3. Always approach this care in a professional manner.

4. Remember that the need for this care could embarrass the participants, even make them feel humiliated. This, in turn, can cause negative responses on their part-requiring even greater sensitivity on the part of the aide.

Steps

1. Identify yourself and explain (briefly) what you are about to do.
2. Verify the identity of the participant (to be sure this is the individual who is supposed to receive the care) and call the participant by name.
3. Assemble all material you will need.
4. Wash your hands. Apply gloves, mask, or eyewear-according to the directions for carrying out each type of care.
5. Always use proper body mechanics.
6. Carefully observe and prepare to report on the care, the role of the participant, and any physical signs." (page 69)

Discussion and questions concerning principles and steps. Emphasize that the principles and steps will be reviewed in the context of each type of care covered. It is extremely important that aides understand the meaning of "respect." A discussion of respect and how to demonstrate it should be included in the training session. The neglect of respect and a demonstration of that should also be included in the training session.
The Manual suggests an example, " Discuss why it is not respectful to address a participant as "sweetie" or "honey" or yell across the room, "Who needs to go to the bathroom? It is important that trainees understand that respect is reflected in an appropriate tone of voice, adult language, and polite questions. Aides must always be conscious of their actions and tone, and beware of abrupt manners." (page 70)

Discuss examples of cultural differences of respect, especially those cultures represented in the center.

Cleanliness

Objective 3 Demonstrate proper handwashing

Discussion by nurse of the importance of cleanliness. Demonstrate the correct handwashing procedure. Everyone, including participants need to understand the importance of handwashing. The Manual suggests, " It is highly recommended that an effort be made to educate and frequently remind everyone in the center about handwashing. Post signs in the bathrooms (clever signs made by the participants, for example) and use a discussion group to talk about the spread of disease and infection. Since many people believe that colds are "caught" by sitting in a draft or getting one's feet wet, an educational session on the importance of handwashing would be valuable for the health of the entire center." (page 70)

The manual reminds that:

"In order to reduce the possibility of causing or spreading infection, precautions must be taken to eliminate disease-producing microorganisms and to maintain a clean environment. One of the most important precautions is proper handwashing. Hands should be washed before and after giving care-regardless of whether or not gloves are used-before preparing or eating food, and any time that there is contact with body substances." (page 70)

Handwashing

Handout 2 Handwashing

The Manual emphasizes, "Because hands are constantly in touch with contaminated surfaces (such as objects, instruments, devices, and participants) handwashing is the single most effective way to prevent the spread of infections. The following procedure is recommended:
Goal

Prevent transfer of microorganisms from care provider's hands to other individuals, objects, and self by removing loosely attached transient bacteria.

Hands will be washed:

1. Between handling of individual participants.
2. After handling soiled items such as linens, participants' clothing, and/or garbage.
3. Before removing protective garments.
4. Before and after meals.
5. After handling specimens.

6. After using lavatory facilities.

7. Before leaving the program area.

8. Before and after contact with a participant, even when gloves are used.

9. After blowing your nose, covering a sneeze, or combing your hair.

Procedure

To prepare for washing your hands and forearms, remove jewelry and rings and roll up your sleeves, securing them so they do not fall during the washing process:

1. Assemble your equipment. The equipment used for handwashing is found at all times at every sink at the center: soap or detergent, paper towels, warm running water and wastepaper basket.

2. Turn the faucet on with a paper towel between your hands and the faucet. Adjust the water to a comfortable temperature.

3. Discard the paper towel in the wastepaper basket.

4. Completely wet your hands and wrists under the running water. Keep your fingertips pointed downward.

5. Apply soap or detergent.

6. Hold your hands lower than elbows while washing.

7. Work up a good lather. Spread it over the entire area of your hands and wrists. Get soap under your nails and between your fingers.

8. Clean under your nails. Use an orange stick, if necessary.

9. Use a rotating and rubbing (frictional) motion for 30 seconds. Rub vigorously. Rub one hand against the other hand and wrist. Rub between your fingers by interlacing them. Rub up and down to reach all skin surfaces on your hands and between your fingers. Rub the tips of your fingers against your palms to clean with friction around the nail beds.

10. Wash arms up to at least two inches above your wrists.

11. Rinse thoroughly, using running water and keeping arms and hands down.

12. Dry completely with paper towels, starting from wrist down to the fingertips.

13. Turn off faucets with paper towel, since faucets are considered contaminated." (page 70-72)

Demonstrate the handwashing process with each trainee.
(Source: adapted from procedure submitted by Nesconset Nursing Center, Rochester, N.Y.)

Other precautions

Objective 4 State the universal precaution/exposure control measures used in the center.

The Manual for Training the Program Assistant in Adult Day Care discusses the following:

"It is important that the aides understand and follow center policies and procedures for universal precautions and infectious waste management.

In addition to handwashing, other types of precautions include the use of disposable vinyl gloves, a moisture-resistant gown or apron, and a mask or protective eyewear.

(Reminder of the danger of gloves. They can offer a false sense of security, but gloved hands that have touched contaminated surfaces can spread as many germs as dirty hands.)

"Gloves are worn when direct contact with moist body substances or body fluids (blood, urine, pus, feces, saliva, drainage of any kind) is anticipated. Gloves are not needed for...care...such as bathing of intact skin, assisting with ambulation, or feeding a (participant) (unless feeding will require contact with the mouth, teeth, or gums).

"A moisture-resistant gown or apron is worn when soilage of clothing with a body substance is anticipated. A mask or protective eyewear is worn when splashing and spraying of body substances into the mouth, nose or eyes are possible.
"If the program aide has contact with sharp instruments such as razors or needles: After use, needles and other instruments are placed directly into a puncture-resistant container. Needles should not be re-capped, bent, broken, or clipped.

"Laboratory specimens should be transported in a ziplock bag or other container to prevent spills. Specimens are not to be labeled 'infectious' because all specimens are to be treated as such.

"Specifically, the following activities require the precautions indicated:

1. Bathing the (participant) Use gloves, if open wounds are present

2. Toileting. Wear disposable gloves, and wash hands after discarding gloves.

3. Mouth care. Wear disposable gloves; avoid spattering when brushing.

4. Colostomy, ileostomy, and catheter care. Wear disposable gloves and apron when changing bags; flush waste materials down the toilet; put soiled materials (dressings, bags, etc.) in a disposable red infectious waste bag; put bag in second bag and discard with infectious waste.

5. Cleaning up blood and body fluid spills. Wear gloves; use disinfectant, following facility policy, to clean surfaces soiled with body fluids or wastes.

6. Disposal of wastes. Liquid wastes should be disposed of by pouring them into a container that has a lid. When disposing of contaminated wastes, the agency procedure and universal precautions should be followed."

(Model Curriculum, pages 319-320) (page 72-73)

Review content and demonstrate step by step any additional universal precautions/exposure control measures used in the center.

Body Mechanics, Ambulation, and Transfers

Objective 5 Demonstrate proper body mechanics.

Handout 3 Proper Body Mechanics

Demonstration: Trainees practice, ask questions and then perform additional demonstration.

The Manual for Training the Program Assistant in Adult Day Care states:

"Using proper body mechanics means using the safest and most efficient means of carrying out a physical task. The most important rules follow. The use of proper body mechanics by the aide is essential for the safety and well-being of both the aide and the participant.

Proper Body Mechanics

1. Plan the job before starting.
2. Never try to lift beyond your strength-get help.
3. Maintain a broad base of support. Keep feet apart, one foot slightly ahead of the other.
4. Keep the back straight, with knees and hips flexed; keep your heels on the floor.
5. Get a firm grip (fingers under the load whenever possible) with your body as close to the load as possible.
6. Use the large muscles of the legs to lift-not the small muscles of the back.
7. Never bend from the waist; instead bend the knees.
8. Keep your head up and your back slightly arched while lifting.
9. Lift smoothly, letting your shifting weight do the lifting; if possible, avoid jerking.
10. Pivot with your feet or shift your feet to turn and set the load down. Avoid spinal twisting.
11. Shift your weight backward slightly and bend your knees to set the object down.

(Source: Holy Cross Hospital Physical Therapy Department and Adult Day Health Center staff, Silver Spring, Md.)

Walking

Objective 6 Demonstrate proper techniques in assisting with ambulation and transfer.

Demonstration of proper assistance with ambulation, climbing stairs, transfer, and falling. The Manual suggests:

"Demonstrate specific techniques necessary for specific participants (for example, Mrs. Smith loves to sit on the softest sofa but cannot rise independently or provide much assistance in even shifting her weight forward). The trainees should have an opportunity to practice all of the techniques, should be encouraged to ask questions, and prepare to offer a return demonstration.

Walking is often referred to in the adult day care setting as "ambulation."
The role of the program aide in this, as in other areas, is to offer support while the participant does all that she can do independently." (pages 73-75)

The manual offers the following rules for assistance in ambulation:

"Some rules for assistance in ambulation

1. Use a gait belt if possible-otherwise use close contact. If a gait belt is used, it should be positioned snugly around the participant's waist and its buckle latched securely. Hold onto the belt while supporting the participant during walking or during a transfer.

2. For optimal support stand on the stronger side, toward the back-even though the participant may want you to be on the weaker side.

3. Use as much body support as needed to provide support, but try not to affect the participant's balance.

Using stairs

Use two aides if possible, one in front and one in back, and proceed using the principle described below-"up with strong" and "down with weak." Most often there will be only one person assisting, usually to the side of the participant.

Climbing stairs, the sequence should be:

- Participant goes up first, with the program aide (or other person guarding) behind.

- The stronger leg goes up first, and is placed in the middle of the step.
  Follow with the weaker leg (and cane, if it is being used)

Coming down the stairs:

- The program aide (or other person guarding) comes down first, facing the participant.

- The cane, if used, is placed in the center of the step below the participant.

- The weaker leg then comes down to the center of the step, followed by the stronger leg. (page 75)

Use of assistive devices

The Manual states:

"The assistive devices most commonly used are walkers and canes-crutches are seldom used with the adult day care population.

1. Proper fit of a walker or cane: When the participant stands erect with arms at sides, the top of the handgrip should be at the level of the wrist bone on the outside of the arm. There should be about a 30-degree bend in the elbow while using the device.

2. To use a cane: Use it on the stronger side. Advance it first, along with the weaker leg, then advance the stronger leg.

3. To use a walker: The back legs of the walker should be lined up with the front of the participant's toes. Advance the walker first. When all four legs of the walker are on the floor, advance the walker first. When all four legs of the walker are on the floor, advance the weaker leg, followed by the stronger leg. The participant should step up almost to the cross bar, but her feet should not be beyond the bar. While the participant is standing still, the walker can be moved ahead again and the steps repeated. The participant should be reminded not to use the walker for support in rising or sitting unless someone else is holding onto it. The two most common mistakes in using a walker are: (1) advancing it too far ahead so that all of the legs are not down; (2) pulling up on the walker to stand. The correct procedures are (1) place the walker so that all four legs are down before stepping; and (2) push from the chair.

4. If the participant is able to support herself well, she can rise to standing with either device by putting one hand on the device (but not pulling on it) and one on the arm of the chair (pushing here instead). The same independent operation can be used when sitting down again.

5. The program aide should be positioned so that he or she is not blocking the cane or walker.

6. If going up a curb with a walker: back up to the step, step up with the stronger foot, bring the other foot and walker up, then turn and walk forward. Going down off a curb: Place the walker down, follow with the weaker leg, then the stronger.

Special Situations

1. If a participant has a special problem in ambulation, the aide should be aware of what to expect and how to deal with it. For example: A participant with Parkinson's disease will not only have a shuffling gait, but will also appear to be lurching forward uncontrollably-until she abruptly catches herself. The aide should be aware of this characteristic pattern and be prepared to intervene only if the participant actually begins to fall.

2. Gradually and gently lower her to the floor. The aide should lower himself or herself to If a participant begins to fall, the program aide should support that person and the floor along with the participant.

3. When a fall occurs, the program aide should contact the nurse to assess the participant. The nurse should determine whether or not the participant should remain on the floor and whether emergency help should be summoned. When the nurse decides that it is appropriate, the participant should be supported in rising from the floor to a kneeling position next to a chair, then straightening up to sit in the chair.

Transfers

In order to help a participant get out of a chair or a wheelchair:

1. Explain briefly what you are going to do, without overwhelming the participant with instructions.

2. If she is in a wheelchair, make sure the wheels are locked.

3. Stand at the side of the participant for a minor transfer.

4. Help the participant move to the edge of the seat.

5. Make sure the participant's feet are even with the front of seat or chair, or with the stronger leg slightly behind the weaker. .

6. Have the participant lean forward to help shift the center of gravity over the base of support-that is, help center most of her body weight over her feet.

7. If possible, have the participant push down on the arms of the chair to stand.

8. If more assistance is needed, bend your knees and place your arms under the participant's arms or use a gait belt. Do not let her put her arms around your neck. Have her stand on the count of 1-2-3. Shift your weight back as she stands.

9. As the participant straightens up, straighten your legs-using your legs to lift, not your back.

Pivot transfer

If the participant is moving to another chair or to a toilet seat, use a pivot transfer:

1. Tell her to take small steps (if not possible, see if she cannot take small steps, then use a sitting pivot transfer.) until she can touch the front of the second chair with the backs of her legs. Make sure the weaker leg is in front of, or even with, the stronger.
2. Have her turn toward the stronger side in order to reach for the chair or seat. She should then grasp the arms of the second chair and lower herself slowly onto the seat-warn her not to collapse quickly onto it. Bend your knees as she lowers herself.
3. If she cannot lower herself, have her place her hands on the arms of the chair while you hold her with your arms under her arms and your hands behind her back-as close to her waist as possible-and lower her slowly onto the seat. Bend your knees as you lower her.
   Warning: The sitting pivot transfer can be very difficult, possibly dangerous. Aides should not be encouraged to use it often, but it should be carefully demonstrated and the return demonstration evaluated carefully.

While she is seated at the edge of the chair, have her place her heels in the direction of the pivot and lean forward. With your arms around her waist or hips, or on her gait belt, quickly shift your weight back and pivot her to the second seat while bracing her legs with yours. If assistance is needed, have a helper stand behind the chair to guide the participant's buttocks. Remember-move your feet on pivot to turn and set the participant down. Avoid spinal twisting." (pages 75-78)

Other Activities of Daily Living (ADLs)

Eating

Objective 7 Demonstrate proper techniques in feeding.

Review handout 1

Reading

Mosby's Textbook for Long Term Care Assistance, articles on pages 348 and 349. Please be reminded that "Mosby's" is a textbook that teaches from a residential care point of view as opposed to an adult day care center needs. Review quickly the definition of the Adult day care center.

Mosby's Textbook for Long Term Care Assistants states the procedure for feeding the resident on page 348 of the book. Because the circumstances of a resident in a long term care facility are different from the situation of the participant in an adult day care center the procedure for feeding has been adapted for feeding a participant in an adult day care center.

Feeding the Participant

1. Explain the procedure to the participant.
2. Wash your hands.
3. Position the participant in a comfortable sitting position.
4. Bring the tray into the room. Place it on the table.
5. Identify the participant. Check the participant's name tag with the dietary card.
6. Drape a napkin across the resident's chest and underneath the chin. Use a clothing protector if available. Plastic aprons are usually available for this procedure at the center.
7. Prepare food for eating.
8. Tell the participant what foods are on the tray.
9. Serve foods in the order preferred by the participant. Alternating between solid and liquid foods. Use a spoon for safety. Allow enough time for chewing. Do not rush the participant.
10. Use a straw for liquids if the participant cannot drink from a glass or cup. Have one straw for each liquid. Provide a short straw for weak participants
11. Talk to the participant in a pleasant manner, even if the participant is confused or cannot speak.
12. Encourage him or her to eat as much as possible.
13. Wipe the participant's mouth with a napkin.

14. Note how much and which foods were eaten.

15. Measure and record intake if ordered.

16. Remove tray and return to proper location as soon as possible.

17. Provide oral hygiene, using universal precautions. (if requested to do so, and center policy allows)

18. Assist the participant, if necessary, to proper programming area.

19. Wash your hands.

20. Report your observations to the nurse if necessary.

21. Follow the facility procedure or supervisor's direction.

Mosby's Textbook for Long Term Care Assistants depicts two helpful illustrations concerning feeding participants on page 349.

Discussion and demonstration of feeding procedure. Trainees practice feeding each other, working together and serving equally as feeding and being fed. Encourage trainees to discuss their own feelings concerning each role. The Manual for Training the Program Assistant in Adult Day Care suggests:

" It is important to emphasize the need for sensitivity in providing as personal a service as feeding to another adult. The aides should be encouraged to try to imagine really being a participant in this exercise.

Some of the skills involved in transfer will be used in seating participants in the dining area. It is preferable to have the participants seated in regular chairs with arms, rather than in wheelchairs. This encourages ambulation and allows them to be closer to the table. It is important also to be certain that the table is the best height for dining in relation to the chair and the participant. Necessary adjustments can be made by using a different chair, an added cushion, or a folded blanket. Proper seating will promote greater comfort and independence for the participant.

If serving a meal for a special diet, be sure to identify the participant and check the type of meal.

Participants may need only limited assistance in eating: cutting food into small portions, identifying the foods on the plate, encouragement to continue eating, and possibly cues or reinforcement of the steps in feeding oneself. If cues are needed, it may be helpful to remind the participant of each step, even manually guiding her hand in a simple repetitious pattern. Independence in eating can sometimes be enhanced through the use of adaptive plates and utensils. (page 78-79)

Discuss and demonstrate adaptive devices designed for special needs.

The manual reminds:

"Mealtime should be a pleasant time, with opportunities for social interaction. The aide should be comfortably seated and offer conservation while feeding the participant-being careful to avoid asking for responses when the participant's mouth is full and being excessively chatty." (page 79)

Reading

Chapter 15, pages 330-349, of Mosby's Textbook for Long Term Care Association discusses special diets and other subjects relating to eating.

Grooming

Objective 8 Demonstrate proper techniques in providing the grooming services, if any, offered at the center.

People usually feel better about themselves when they are well groomed. It is often necessary for aides to assist participants with a change of clothing, coats or other wearing apparel. Some participants may appear at the center wearing the same clothing on several consecutive days. The clothing may be soiled. When this occurs a verbal report to the nurse or social service person may be necessary.
Aides may be asked to assist participants with grooming in many areas and should know the techniques for dressing, and undressing a participant, hair care, fingernail care, cleanliness and skin care. Toenail care is not performed by the aide. Trainees should have an excellent understanding of center policy on what they are and are not allowed to do for the participants grooming.

Reading

Mosby's Textbook for Long Term Care Assistants discusses cleanliness and Skin care in Chapter 12 on pages 230-283.

Discussion and demonstration of grooming. Center policy and nursing services are discussed. Trainees practice the grooming services, including washing hands and face, which are offered at the center and review the observations and procedures learned in the handwashing and feeding sessions.

Toileting

Objective 9 State the important principles in toileting.

The Manual for Training the Program Assistant in Adult Day Care discusses toileting in the following manner:

"Since this is a very personal, and normally a very private, function, the importance of professionalism and respect for the participant should be emphasized." (page 80)

Discussion and review of handouts 1-2-3. Procedures in body mechanics, handwashing, universal precautions and other precautions reviewed and demonstrated.

The Manual states:

" Important points to cover concerning toileting include the following:

Scheduling can be very important in maintaining and/or regaining bowel or bladder control. Assistance in getting to the toilet should be offered at regular intervals, and always before and after meals and snacks.

Assistance may be necessary in adjusting clothing before and after toileting. It may also be necessary to help in wiping off with tissue or providing more extensive skin care after toileting. Remember that a woman should be wiped from front to back in order to avoid infection of the urinary tract and bladder.

If incontinence aids are used, they should be changed as frequently as needed and disposed of with the double-bagging technique described as part of ostomy care in "Other Precautions," (The Manual for Training the Program Assistant in Adult Day Care, page 73.) " (page 81)

Supplies necessary for toileting are located in the bathrooms, supply closet or nurses office. Incontinence aids should not be referred to as diapers. Incontinent aids that have been used should be double bagged and deposited in the proper waste container located in the bathrooms.

The Manual suggests:

" Participants should be toileted on a schedule, in order to decrease incidents of incontinence. Special skin care is needed for the participant using the aids: wiping, washing with soap and water, rinsing, and drying gently. Incontinence aids should never be called "diapers."

Hand-held urinals can usually be used by male participants. If they are used while the man is seated, the lap area under the urinal should be covered, the penis positioned in the device, and the urinal washed afterwards, using proper procedures, such as cleaning with a bleach and water solution.

Participants should always wash their hands (with assistance, if necessary) after toileting-no matter how limited their participation.

If a participant has a bowel or bladder accident, universal precautions are to be taken with the participant, with the area affected, and with soiled clothing. At least one full set of clean clothing should be kept in the center for each participant in case of an accident." (page 81)

Reading
Mosby's Textbook for Long Term Care Assistants, articles concerning toileting, chapters 13 and 14, pages 284-329.

Demonstration and discussion of toileting principles and techniques.

Bathing

Objective 10 Demonstrate bathing.

The Manual discusses bathing as follows:

" Special considerations related to bathing

The program aide needs to learn to bathe participants in the most modest way possible. Female participants may be especially uncomfortable when a male staff person needs to assist. A female staff member should always be present for reassurance.

Male participants may misinterpret the act of preparing and bathing as a sexual activity. Some men of this age think that women who provide this service must be "loose." In order to manage the situation, explain before and during the bath that you are a professional staff person and are there just to bathe him. If there is inappropriate behavior, tell him that it is inappropriate. Report the behavior to the supervisor. (Your team may come up with other solutions.) Don't reprimand, belittle, or overreact. If a participant is known to be sexually inappropriate, more than one staff person should always be present for bathing." (page 82)

Reading
Mosby's Textbook for Long Term Care Assistants, articles concerning bathing page 248-253.

Discussion and demonstration concerning bathing.

Video Presentation

1. Universal Precautions, Aids and Hepatitis B, Prevention for Long-Term Care

2. Training the Program Assistant in Adult Day Care-Personal Care

References and additional resources refer page 82-83, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third street SW, Washington, DC 20004, 1993.

ESSENTIAL PRINCIPLES AND STEPS IN PROVIDING PERSONAL CARE SERVICES

Principles:

1. Always treat the participants with respect, and protect their dignity and privacy.
2. Never do for the participants what they can do for themselves – encourage and support their efforts.
3. Always approach this care in a professional manner.
4. Remember that the need for this care could embarrass the participants, even make them feel humiliated. This, in turn, can cause negative responses on their part – requiring even greater sensitivity on the part of the aide.

Steps:

1. Identify yourself and explain (briefly) what you are about to do.
2. Verify the identity of the participant (to be sure this is the individual who is supposed to receive the care) and call the participant by name.
3. Assemble all materials you will need.
4. Wash your hands. Apply gloves, mask, or eyewear – according to the directions for carrying out each type of care.
5. Always use proper body mechanics.
6. Carefully observe and prepare to report on the care, the role of the participant, and any physical signs.

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HANDWASHING

Because hands are constantly in touch with contaminated surfaces (such as objects, instruments, devices, and participants) handwashing is the *single most effective way to prevent the spread of infections*.

Goal:

Prevent transfer of microorganisms from care provider's hands to other individuals, objects, and self by removing loosely attached transient bacteria.

Hands will be washed:

1. Between handling of individual participants.
2. After handling soiled items such as linens, participants' clothing, and/or garbage.
3. Before removing protective garments.
4. Before and after meals.
5. After handling specimens.
6. After using lavatory facilities.
7. Before leaving the program area.
8. Before and after contact with a participant, even when gloves are used.
9. After blowing your nose, covering a sneeze, or combing your hair.

Procedure:

To prepare for washing your hands and forearms, remove jewelry and rings and roll up your sleeves, securing them so they do not fall during the washing process.

1. Assemble your equipment. The equipment used for handwashing is found at all times at every sink at the center; soap or detergent, paper towels, warm running water, and wastepaper basket.

(continued)

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2. Turn the faucet on with a paper towel between your hands and the faucet. Adjust the water to a comfortable temperature.

3. Discard the paper towel in the wastepaper basket.

4. Completely wet your hands and wrists under the running water. Keep your fingertips pointed downward.

5. Apply soap or detergent.

6. Hold your hands lower than your elbows while washing.

7. Work up a good lather. Spread it over the entire area of your hands and wrists. Get soap under your nails and between your fingers.

8. Clean under your nails. Use an orange stick, if necessary.

9. Use a rotating and rubbing (frictional) motion for 30 seconds.
   a. Rub vigorously.
   b. Rub one hand against the other hand and wrist.
   c. Rub between your fingers by interlacing them.
   d. Rub up and down to reach all skin surfaces on your hands and between your fingers.
   e. Rub the tips of your fingers against your palms to clean with friction around the nail beds.

10. Wash arms up to at least two inches above your wrists.

11. Rinse thoroughly, using running water and keeping arms and hands down.

12. Dry completely with paper towels, starting from wrist down to the fingertips.

13. Turn off faucets with paper towel, since faucets are considered contaminated.

(Source: adapted from procedure submitted by Nesconset Nursing Center, Rochester, N.Y.)

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PROPER BODY MECHANICS

1. Plan the job before starting.
2. Never try to lift beyond your strength – get help.
3. Maintain a broad base of support. Keep feet apart, one foot slightly ahead of the other.
4. Keep the back straight, with knees and hips flexed; keep your heels on the floor.
5. Get a firm grip (fingers under the load whenever possible) with your body as close to the load as possible.
6. Use the large muscles of the legs to lift – not the small muscles of the back.
7. Never bend from the waist; instead bend the knees.
8. Keep your head up and your back slightly arched while lifting.
9. Lift smoothly, letting your shifting weight do the lifting; if possible, avoid jerking.
10. Pivot with your feet or shift your feet to turn and set the load down. Avoid spinal twisting.
11. Shift your weight backward slightly and bend your knees to set the object down.

(**Source**: Holy Cross Hospital Physical Therapy Department and Adult Day Health Center staff, Silver Spring, Md.)

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Unit 5

Services

Unit 5

Services

Trainer: Center administrator, trainer, with nurse, activities director, and therapists for certain topics, as indicated in the text

Time Estimate: 2 - 4 hours

Handouts:

1. Keys to Leading a Group Successfully
2. The Food Guide Pyramid
3. Range of Motion

Video Presentation 2 1/2 hours

Clinical

Objectives

1. State the importance of the individual plan of care and describe the steps in its development
2. List the essential services provided in an adult day care center
3. Describe the role of therapeutic activities in the individual plan of care
4. Describe the keys to leading a group successfully
5. Describe the principles of the food guide pyramid
6. Identify the five types of special dietary needs
7. Describe the written agreements and procedures related to the provision of emergency care
8. Describe the role of the program aide in relation to nursing, social services, education, and transportation
9. Demonstrate proper techniques in escorting a participant
10. Describe the role of the program aide in relation to speech, physical, and occupational therapy services
11. Describe proper techniques for therapies or treatments that are part of the aide's job

12. Define range of motion and state the guiding rules for it

Key Words

1. Individual plan of care: A written plan of services designed to provide the participant with appropriate services and treatment in accordance with her assessed needs
2. Intake screening: The initial attempt to collect basic data on a potential participant in order to make an initial decision on appropriateness for the program
3. Pre-admission assessment: A detailed analysis and evaluation of the potential participant's status and needs
4. Enrollment agreement: A signed contract including the services, arrangements, and fees agreed upon
5. Interdisciplinary team assessment: A comprehensive written description-prepared by all staff members responsible for that participant's care-of the participant's health, living situation, and psychosocial status, which also addresses how the center will serve the participant
6. Reassessment: A regularly scheduled written reexamination of the status of , and the plan of care for, each participant
7. Discharge plan: A written description of services and referrals necessary for the continued care of the participant upon leaving the program
8. Therapeutic diets: Plans for special meals, prescribed by physicians because of health conditions
9. Nursing services: Health care services provided by qualified professional nurses
10. Social services: Primarily counseling services provided by qualified social services staff
11. Speech therapy: Services provided in order to restore normal functioning after speech has been impaired or language disorders have been caused by illness or accident-provided by, or under the supervision of, a licensed therapist
12. Physical therapy: Services provided in order to restore or maintain maximum mobility, with regimens for restoration and maintenance of muscle function-provided directly by, or under the supervision of, a licensed therapist
13. Occupational therapy: services provided to increase physical status and independence in activities of daily living and prevent further deterioration-provided by, or under the supervision of, a licensed therapist
14. Range of motion: The movement of a joint to the extent possible without causing pain

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third street SW, Washington DC 2004. Pages 88-89.

The Manual suggests this unit be separated into two segments:

1. "Individual Plan of Care and all other Services
2. Therapeutic Activities, presented separately with greater detail added about specific activities and adaptations used at your center.

Presenting "Services"

Individual Plan of Care

Objective 1 State the importance of the individual plan of care and describe the steps in its development.

Discussion concerning the significance of the individual plan of care. Steps presented and discussion of subjects directly related to program aide responsibilities.

The Manual states:

" It is essential that the program aide understand the importance of the individual plan of care and the context it provides for all that is done for and with each participant. The aide must see that all services, and the way in which they are carried out, relate to the goals and the plans for reaching the goals for each participant individually." (page 91)

Steps in Developing the Plan of Care

Although program aides are not involved in every step of the plan of care it is helpful for them to understand the steps and how they relate. The Manual offers the following steps in developing the plan of care with the recognition that the steps outlined may not be accomplished the same for each center:

1. "Intake Screening: The purpose of this preliminary step is to determine whether or not the program is probably appropriate for a particular individual.
2. Pre-admission Assessment: This assessment uses additional information and a personal interview to determine the appropriateness of the program and center to meet the new participant's needs.

3. Enrollment agreement: The details of the arrangement between the center and the participant are spelled out and agreed to.

4. Interdisciplinary team Assessment: This most detailed assessment step is conducted in order to gather enough information to develop an individual plan of care. Included are a complete health profile, social history, and statements on current status. There is input from all professional staff who may be involved with the participant. Written Individual Plan of Care: " The goal of the plan of care is to increase the functioning of the participant to the optimum level and maintain it at that level. "Each individual's plan of care shall include: identified service needs, time-limited measurable goal (s) and objectives of care for the participant, services to be provided by the center and by other sources to achieve the goal (s) and objectives." Standards and Guidelines, pages 42-43)

5. Coordination of Care: Coordination avoids duplication of services, especially if more than one agency or provider is involved.

6. Service Documentation: The importance of progress notes and other documentation, which the program aides are trained to record in Unit 4, "Administration and Organization", should be emphasized. The relationship to the plan of care should also be reinforced.

7. Reassessment: This reevaluation occurs at least twice a year, but greater frequency could be triggered by a significant change in the participant or family situation.

8. Discharge Plan: This should be a plan for ongoing services for the participant actually preparing to leave the program. It should not be just a pro forma addition to all records.

Essential Services

Objective 2 List the essential services provided in an adult day care center.

The Manual notes that the first listed service, "Personal Care" has already been studied in Unit 4, however the principles covered also apply to the following services.

The Manual instructs:

" According to the standards and guidelines, all adult day care centers shall offer the following eight essential, core services: personal care, nursing, social services, therapeutic activities, nutrition emergency plan, education, and transportation. (Standards and Guidelines, page 46)

The program aide will probably have a greater role in providing some of these services than others. Actual responsibilities will vary from center to center and may vary from state to state because of certification and licensure requirements. The following tasks describe what is most often the role of the aide: aides with additional responsibilities must be trained to carry out those responsibilities as well." (page 92)

Therapeutic Activities

Objective 3 Describe the role of therapeutic activities in the individual plan of care.

Discussion of activities. Activity director could discuss the activity program of the center, explaining the program and displaying the monthly calendar of activities.

The Manual directs that:

" Therapeutic activities are a vital part of the program in any adult day care center. These activities perform a key function in the provision of care and are planned and used purposefully.

According to the Standards an Guidelines, an activity plan is an integral part of the total care plan for each individual. It emphasizes the participant's strengths and abilities and contributes to feelings of competence and accomplishment. The participants' social, intellectual, cultural economic, emotional, physical, and spiritual needs should be met through their activities. Each participant should be able to participate at her optimal level of functioning and progress at her own pace." (page 93) Ideas and techniques concerning these activities will also be addressed in an additional section of programming activities later in the training segment.

Activities Programming

The Manual states the following:

" Activities should promote personal growth, enhance the self image, and improve or maintain the functioning level of the participant. Activities offer opportunities to maintain lifelong skills, learn new skills and gain knowledge, challenge and tap the potential abilities of participants, participate in activities of interest, improve the capacity for independent functioning, develop interpersonal relationships, develop creative capacities, improve physical and emotional well-being, be involved in activities and events within the greater community, experience cultural enrichment, and have fun and enjoyment.

Activities programming is individualized and allows for personal differences in health status, lifestyles, ethnicity, religious affiliation, values, experiences, and individual needs and abilities. (Standards and Guidelines, pages 51-53)

Participants should be encouraged to participate in an activity, but may choose not to or may choose another activity. Both daily and monthly activities schedules are posted.

Activities generally will be arranged by an activities coordinator. Unless the center has designated activity aides, most program aides will have some role in the activity program. They should be aware of the types of activities used in the center and their goals. For example, activities involving music are frequently used because they stimulate reminiscence, soothe a troubled participant, and encourage participation-all at the same time.

There are important distinctions in the approach to activities for individuals with Alzheimer's Disease and other dementias. These are discussed at length in Unit 8, "Serving individuals with Alzheimer's Disease and Other Dementias." (page 93)

Activity One: Therapeutic Activity Role Play

Discussion and demonstration as suggested by the Manual:

" Begin by asking for a trainee-volunteer. The trainee will be Mr. Adams, reluctant to take part in the bingo game. The trainer will be the program aide urging him to play. The problem: The participant is physically unable to pick up off the table the disks used on the cards, but is too embarrassed to admit that this is the problem. The aide skillfully makes suggestions of alternatives (all of which are rejected), until she realizes the source of the agitation and suggests acceptable substitutes for the disks. Variation: This can be acted out in the same way, but with the participant's reluctance related to a fear of failure, and uncertainty about playing an unfamiliar game. The resolution in this case might involve the aide and the participant playing together, side by side.

All goes well until the end of the activity, when Mr. Adams' daughter arrives to take him to the doctor. She sees what is going on in the group and goes to the director to complain that her father is being forced to take part in a childish game. The director explains: This is not childish but, rather, an activity that encourages her father to concentrate, to exercise his arthritic fingers, and sometimes to win, which enhances his self-esteem." (page 94)

Encouragement, solution, and activity relate to plan of care. Note the importance and value of therapeutic activity and how the distinctions are different between those used for children.

Working with a Group

Objective 4 Describe the keys to leading a group successfully.

Handout 1 Keys to Leading a Group Successfully

Discuss the keys in handout 1 and practice activity two.

Activity Two: Leading a Group

Group activities can sometimes be an intimidating task to many. Some skills can be learned that are helpful in leading a successful group. The following activity suggested by the manual allows leadership skills to be practiced. The activity is described as:

"The program aide is assigned to lead a current events group. She feels uncomfortable because she has no experience leading groups. Her supervisor tells her to look through the newspaper and find several articles to discuss. The aide is still uncomfortable, and the supervisor reminds her that this is part of her job.

When the group begins, the aide introduces herself, group members, and the topic. Mr. Smith, a participant, responds with a very long monologue. Other participants try to comment, but Mr. Smith talks on. The aide waits for Mr. Smith to pause (or take a breath) and quickly intercedes, saying, "That was very interesting and we thank you for your comments. Now let's hear what some other people think." The aide then looks around the group, making eye contact, smiles, and calls on another participant by name. "Mrs. Jones, what do you think about this (topic)?" She is thus able to validate Mr. Smith's comments and successfully involve other members of the group in the discussion.

Apply the keys to leading a group successfully:

1. Preparation: Before the group meets, the group leader must address the following questions: what is the purpose of the group? How conducive is the environment ? Can everyone see and be seen if it is a discussion group? Can they hear and be heard? How should the environment be altered.?

2. Introduction: The leader begins by introducing himself or herself, introducing group members, and introducing the topic.

3. Energy: The group leader must be energetic. It is often the leader who first supplies the energy to initiate interest and interaction among the group participants.

4. Support: The successful leader is also nonthreatening and nonjudgemental, modeling and environment of support.

5. Observation: The group Leader must not only be patient and a good listener, but also very observant of the dynamics in the group.

6. Learning: The successful leader must be a willing student, truly interested in learning from the members of the group. Realizing that the group possesses many strengths, the leader takes the role of asking questions that stimulate discussion.

7. Communication: It is also the leader's role to open the lines of communication between group members-not just between the members and the leader.

8. Humor: The successful leader posses a good sense of humor which, when used appropriately, is a wonderful tool to enhance communication.

9. Structure: The good group leader will follow the direction that the members of the group prefer, rather than always controlling the direction of discussion. It is not the leader's group, it is the group's group. The leader provides structure and guidance; the group provides substance.

10. Fairness: the successful leader facilitates the group fairly to ensure that all members are encouraged to participate in, but not allowed to dominate, the group.

11. Clarity: A successful group leader has a loud, clear voice (or uses a microphone if necessary).

12. Planning: The group leader draws from the group topics and ideas for future discussions, so that they will all look forward to joining together again.

13. Conclusion: At the close of the session, the leader thanks the members for participating and discusses the next activity planned." (page 95-96)

When participants become disruptive, need more direction, or do not function well in a group activity, plan an individual activity. Individual activities may be practiced until an individual becomes comfortable with the format and then gradually reintroduced to a group setting. Sometimes some individuals are never comfortable in a group setting.

Nutrition and Therapeutic Diets

Objective 5 Describe the principles of the food guide pyramid.

Objective 6 Identify five types of special dietary needs.

"The Standards and Guidelines state that although the participant's total dietary intake is of concern, the center is responsible only for the meals served at the center. The center is expected to provide special, modified, or therapeutic diets ordered by participants' physicians. Diabetic, low salt, and texture-modified diets are considered minimal accommodations to special needs. A center unable to meet special dietary needs should not enroll participants with such needs." (Standards and Guidelines, pages 55-56)

Handout 2 The Food Guide Pyramid

Discussion concerning the handout. Review food groups, emphasizing the reasons concerning the amounts of food for each group. Discuss hydration and how important fluid intake could be for the participant. Remind trainee to check participant plan of care for any fluid restriction order and make sure trainee knows how that is quickly identified at the center.

The Manual states:
"Since overall nutritional planning will be handled by professionals on the staff, detailed nutritional information is not necessary for aides. However, a review of the food guide pyramid (Handout 2) will provide the program aide with a useful perspective on the importance of the meal(s) served at the center.

If the program aides will be responsible for serving food, they should be supervised. They should also be trained about proper food handling techniques, appropriate portions of foods, and appropriate and inappropriate substitutions. They also need to know to whom and how to communicate an identified need for changes in diet. (pages 96-97)

Demonstration and discussion concerning center procedures connected with food planning, distribution, acquisition, storage and other related information. Conduct a tour of kitchen facilities and observe or assist with serving a meal and snacks.

Review different types of special dietary needs that the center is equipped to accommodate. Review center procedures in identifying participants that require special diets.

The Manual suggests sharing the following information:

- "Diabetic diet- for participants with diabetes-contains limited sugar, consists of carefully weighed or measured amounts of food from each group, apportioned as "food units." the participant must not add additional food, especially sugar or sweets, on her own. Not following the recommended diet can result in hyperglycemia (see Diabetes, A Manual for Training the Program Assistant in Adult Day Care, Unit 2 "Target Population").

- Low -salt diet-for participants with high blood pressure-precisely limited amounts of salt (sodium) are allowed. The participant must not add salt on her own. Not following the recommended diet can result in elevated blood pressure, which may in turn lead to a stroke, or water retention, in turn leading to congestive heart failure.

- Low-fat diet-for participants with heart or digestive problems or on a weight-loss program-limits the amount of fat and/or cholesterol. The participant must not add fats on her own. Not following the recommended diet can result in elevated blood pressure, which may in turn lead to a stroke, or water retention, in turn leading to congestive heart failure.

- Modified texture diet-special accommodations for participants who are unable to chew or who have digestive problems or diseases. Not following the recommended diet could lead to choking for those unable to chew and aggravated digestive problems for those with limited digestive ability.

- Allergic reactions-dietary allergies will be noted on the plan of care and must be taken into consideration in every meal plan. Emergency measures necessary if the diet is not followed should also be noted in the plan. Severe allergic reactions, even to foods not known to be allergens, should be treated as medical emergencies and reported promptly to the nurse.

Emergency Care

Objective 7 Describe the written agreements and procedures related to the provision of emergency care.

Standards and Guidelines for Adult Day Care prepared by The National Institute on Adult Daycare, a constituent unit of The National Council on the Aging, Inc. suggests:

" A written procedure for handling emergencies shall be posted in the center. Emergency care for participants shall include:

- A written agreement with the participant or family regarding arrangements for emergency care and ambulance transportation, usually included in the admission agreement and maintained in the participant's record.

- Written procedure for medical crises.

- An easily located portable file on each participant, listing information needed in emergencies (physician's name and telephone number, family's name, insurance information, current diagnosis, medications, allergies, and hospital preference)". (page 57)

- The Manual adds that : " a written procedure for action when a participant is missing." (page 98)

Other Essential Services

Objective 8 Describe the role of the program aide in relation to nursing, social services, education, and transportation.

The program aide should be aware of the scope of services covered in the areas of Nursing, social services, education, and transportation. In addition, understanding the relationship of the aide between these services is important for communications between nursing and social services.

Nursing Services

The Manual instructs that:

" According to the Standards and Guidelines all adult day care centers must do at least the following:

- Assess participants' health status, including dietary needs

- Monitor vital signs and weight

- Provide health education and counseling, including nutritional advice, to participants and families

- Develop policies and procedures for personal care and train staff in their implementation

- Provide liaison with the participant's personal physician, notifying the physician of any changes in health status

- Coordinate the provision of other health services provided outside the center

- Train staff and supervise the use of standard protocols for communicable diseases and infection control

- Coordinate and oversee participant health records

[assist the caregiver with coordination of other health services]

Beyond this, the center may provide much more extensive nursing care, depending upon the needs of the participant and the availability of a qualified nurse. (Standards and Guidelines, pages 47-48)

Often the program aide will work with the nurse or under the direction of the nurse. The actual role of the aide, plus important restrictions, are covered in Unit 6, "Staffing". Many of the important observations for the aide to report are included in Unit 2, "Target Population."

If the program aide has responsibility for monitoring vital signs and weight, then the aide needs to be trained in these protocols. The appropriate trainer is a nurse, using the instructions from a reliable text, such as one of those recommended on page 80 in Unit 4, "Personal Care"." (page 99)

Social Services

Standards and Guidelines for AdultDay Care, state that all centers will:

- "Compile a social history and psychosocial assessment upon enrollment

- Provide counseling to the participant and family/caregiver, assisting in the participant's adjustment to the center

- Facilitate or arrange for other community services

- Serve as an advocate for the participant

- Assess for signs of mental illness and/or dementia and make appropriate referrals

- Provide discharge planning and assist in the transition and follow-up

- Provide information and referral for individuals not appropriate for the center

In addition, the center may offer conferences, additional counseling, and support groups. (pages 50-51)

The Manual states that: " The aide will often have the responsibility of reporting observations to the social services staff, tasks covered primarily in Unit 6, "Staffing," and Unit 2, "Target Population." (page 100)

Education

The Manual for Training the Program Assistant in Adult Day Care defines Education as : "Education means the ongoing provision of information to the participants and the families/caregivers. The program aide should receive clear direction on what information should be shared with participants and families/caregivers." (page 100)

Transportation

Objective 9 Demonstrate proper techniques in escorting a participant.

The Manual provides:

" The center is responsible for arranging for or providing transportation to and from the center.

If the program aide is expected to ride in the center vehicles, then special training in safety and escort services is necessary. This training should be provided in conjunction with the driver.

If the aide will escort participants between the vehicle and the center, then the directions included in this section on ambulation, transfer, and body mechanics should be followed." (page 100)

Demonstration and discussion concerning proper techniques in escorting a participant:

The Manual suggests that the trainer and physical therapist demonstrate pushing a wheelchair, moving a wheelchair over a doorway, a curb, and a ramp. They should demonstrate ambulation over a curb and stair, both going up and going down. they should demonstrate assisting in the transfer into and out of a car or other vehicle. The trainees should have an opportunity to practice all procedures.

The Manual recommends a video, "Volunteer Training in Geriatric Care," as a visual aid to demonstrate escort assistance.

Additional Services

Objective 10 Describe the role of the program aide in relation to speech, physical, and occupational therapy services.

Objective 11 Describe proper techniques for therapies or treatments that are part of the aide's job.

Since adult day care centers are diverse in their services, many centers offer services which include physical, occupational and speech therapy as well as medical services. the program aide should have an understanding of theses services, and how they relate to their role in providing services.

Demonstration and discussion lead by the nursing staff and/or therapists that explain the additional services the center offers for participants. This should also include the center policy or procedure concerning the roles of staff members and participants in delivering and receiving the services.

Speech Therapy

The Manual explains:

"Speech therapy services are provided in order to restore normal functioning after speech has been impaired or language disorders have been caused by illness or accident. Evaluation and treatment programs are designed to improve functional communication abilities and to correct disorders. Speech therapy procedures can include:

- Auditory comprehension tasks
- Visual and/or reading comprehension tasks
- Speech intelligibility tasks
- Verbal expression tasks
- The use of alternative communication devices

(Standards and Guidelines, pages 61-12)

The Manual notes further that swallowing disorders may also be included. It may be the role of the aide to follow therapists treatment plan for some participants.

Physical Therapy

According to the Manual:

" Physical therapy services are provided in order to restore or maximize functional mobility, with regimens for restoration and facilitation of muscle function. Services include assessment, treatment, special physical measures, therapeutic exercises, the use of adaptive devices, and gait and transfer training, as well as developing home exercise programs.

The program aide is responsible for carrying out functions taught by the physical therapist, often including some range of motion and resistive exercises. The program aide is likely to be responsible for preparing the participant by introducing the plan for the session beforehand, arranging clothing, and preparing the environment." (page 102)

Occupational Therapy

According to , " A Manual for Training the Program Assistant in Adult Day Care,": "Occupational therapy services are designed to increase functional status and independence in activities of daily living and to prevent further deterioration. Services include diagnostic testing; the use of adaptive techniques; and the use of supportive and adaptive equipment and Assistive devices, restorative therapy, and prodders that include the following:

- Training or retraining in ADLs
- Training in work simplification techniques
- Exercises and graded activities to improve strength and range of motion
- Sensory stimulation techniques to minimize sensory deficits
- Coordination activities to promote increased manual dexterity

- Evaluation and provision of slings or splints

(Standards and Guidelines, page 61)

The program aide is responsible for carrying out functions taught by the occupational therapist. This often includes some range of motion exercises." (page 102)

Range of Motion

Objective 12 Define range of motion and state the guiding rules for it.

Handout 3 Range of Motion

Demonstration and discussion. The Manual suggests that a physical or occupational therapist provide range of motion exercises to the aide if that aide will be expected to perform these duties as part of the job. The manual cautions that the trainer should be professionally trained in this area or should not be training the aides on this subject.

Mosby's Textbook for Long Term-Care Assistants discusses range-of-motion exercises on pages 389-393.

The Manual warns that these exercises performed improperly, could cause injuries and suggests the following rules from Mosby's Textbook:

1. "Exercise only the joints that the nurse [or therapist] tells you to exercise.
2. Expose only the body part being exercised.
3. Use good body mechanics.
4. Support the extremity being exercised.
5. Move the joint slowly, smoothly, and gently.
6. Do not force a joint beyond its present range of motion or to the point of pain." (page 389)

Medical Services

The Manual notes under medical services that the care of a family physician or the center physician is important.

Liscensure requirements state:

" (a) A signed application for participation and current medical information shall be obtained prior to or upon the applicant's first day of participation. The medical information shall be obtained from or verified by the participant's physician and shall include the following:

1. Physician's name and telephone number.

2. Date of last visit.

3. Current illnesses or health problems.

4. Current medication.

5. Dietary restrictions, if any.

(b) A current medical report and a medical assessment by the participant's physician of the participant's medical condition to include activity and restrictions, dietary modifications, indicated therapies and medications upon admission, or within five (5) days of the participant's entry into the adult day care program.

(c) Each participant shall have an individualized written plan of care developed within ten (10) days following participants entry into the adult day care program. The plan shall be based on a functional assessment and information obtained from the participant and/or family member, physician, and the person or agency referring the participant. The plan of care shall be reviewed at least every six (6) months and updated as warranted by changes in the participant's condition." Oklahoma State Department of Health, OAC 310:605-9-1, page 17)

Optional Services

The Manual discusses the need to inform the trainees of any other services not covered in the training that may be available in the center to participants. Those services could include:

1. " Dentistry

2. Laboratory

3. Radiological

4. Diagnostic services
5. Pharmacy
6. Psychiatric or psychological services
7. Podiatry
8. Ophthalmology/Optometry
9. Audiology" (page 104)

The center contracts with a not for profit agency, Community Counseling, that provides individual and family counseling, group therapy, art therapy and has other services available for participants and their families.

Agency representatives from any of the special or optional services offered by the speaker should be asked to present information concerning their services.

Video Presentation

1. Partners in Caregiving: The Dementia Services Program, Dementia Programming & Activities Series, Tape 1: Direct Care Techniques Part 1.
2. Partners in Caregiving: 2: The Dementia Services Program, Dementia Programming & Activities Series, Tape 2: Direct Care Techniques Part 2.

References and additional resources refer to pages 104-105, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington DC 20004, 1993.

KEYS TO LEADING A GROUP SUCCESSFULLY

1. **Preparation:** Before the group meets, the group leader must address the following questions: What is the purpose of the group? How conducive is the environment? Can everyone see and be seen if it is a discussion group? Can they hear and be heard? How should the environment be altered?

2. **Introduction:** The leader begins by introducing himself or herself, introducing group members, and introducing the topic.

3. **Energy:** The group leader must be energetic. It is often the leader who first supplies the energy to initiate interest and interaction among the group participants.

4. **Support:** The successful leader is also nonthreatening and nonjudgmental, modeling an environment of support.

5. **Observation:** The group leader must not only be patient and a good listener, but also very observant of the dynamics in the group.

6. **Learning:** The successful leader must be a willing student, truly interested in learning from the members of the group. Realizing that the group possesses many strengths, the leader takes the role of asking questions that stimulate discussion.

7. **Communication:** It is also the leader's role to open the lines of communication between group members—not just between the members and the leader.

8. **Humor:** The successful leader possesses a good sense of humor which, when used appropriately, is a wonderful tool to enhance communication.

9. **Structure:** The good group leader will follow the direction that the members of the group prefer, rather than always controlling the direction of discussion. It is not the leader's group, it is the group's group. The leader provides structure and guidance; the group provides substance.

10. **Fairness:** The successful leader facilitates the group fairly to ensure that all members are encouraged to participate in, but are not allowed to dominate, the group.

11. **Clarity:** A successful group leader has a loud, clear voice (or uses a microphone if necessary).

12. **Planning:** The group leader draws from the group topics and ideas for future discussions, so that they will all look forward to joining together again.

13. **Conclusion:** At the close of the session, the leader thanks the members for participating and discusses the next activity planned.

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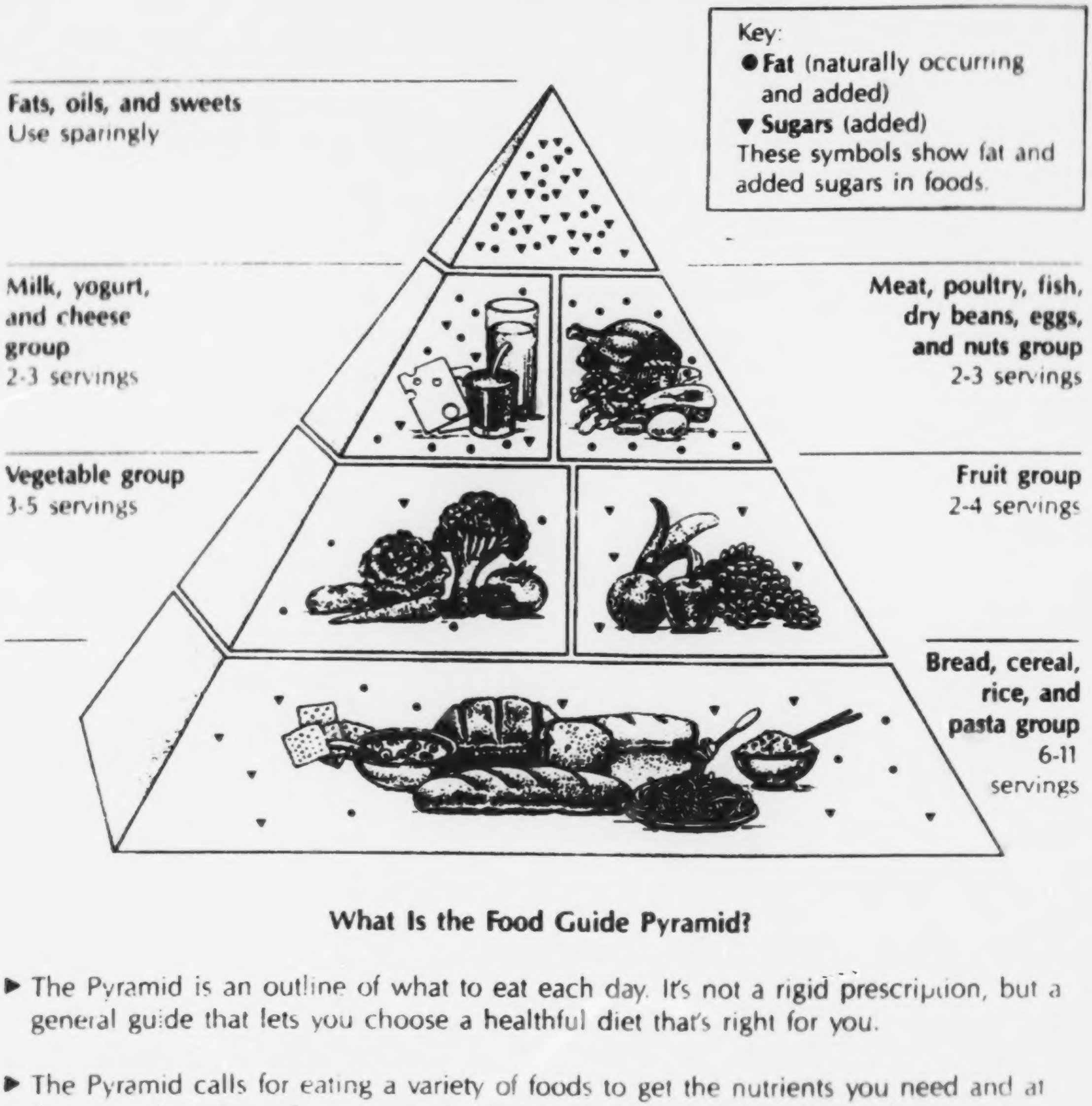
THE FOOD GUIDE PYRAMID

A Guide to Daily Food Choices


Fats, oils, and sweets
Use sparingly
Milk, yogurt, and cheese group
2-3 servings
Meat, poultry, fish, dry beans, eggs, and nuts group
2-3 servings
Vegetable group
3-5 servings
Fruit group
2-4 servings
Bread, cereal, rice, and pasta group
6-11 servings

Key:
- ● **Fat** (naturally occurring and added)
- ▼ **Sugars** (added)

These symbols show fat and added sugars in foods.

What Is the Food Guide Pyramid?

- ▶ The Pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you.
- ▶ The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain a healthy weight.
- ▶ The Pyramid also focuses on fat because most American diets are too high in fat, especially saturated fat.

Source: U. S. Department of Agriculture

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RANGE OF MOTION

The movement of a joint to the extent possible without causing pain is the range of motion of the joint. Range of motion exercises involve exercising the joints through their complete range of motion. These exercises can be active, passive, or active-assistive. Active exercises are performed by the participant. In passive exercises, another person moves the joint through its range of motion. In active-assistive exercises, the participant receives some assistance.

Warning: Range of motion exercises can injure the participant if not done correctly.

The following rules must be followed when performing or assisting with range of motion exercises:

1. "Exercise only the joints that the nurse [or therapist] tells you to exercise.
2. Expose only the body part being exercised.
3. Use good body mechanics.
4. Support the extremity being exercised.
5. Move the joint slowly, smoothly, and gently.
6. Do not force a joint beyond its present range of motion or to the point of pain."

(Mosby's *Textbook for Long-Term Care Assistants*, pages 311 - 312)

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Unit 6

Staffing

Unit 6

Staffing

Trainer: Center administrator, trainer, possibly a human resources specialist for the section on Special Skills

Time Estimate 2-4 hours

Handouts:

1. Maximizing the Independence of the Participant
2. Observation, Recording, and Reporting
3. Responsibility
4. Communication

Objectives

1. State the basic requirements for all staff
2. State the basic tenets of the personnel policy
3. Locate the position of the program aide in the organization chart
4. List the responsibilities included in the aide's job description
5. Demonstrate understanding of observations
6. State the components of a verbal report
7. List those things a program aide does not do
8. Define personal accountability
9. Define interdisciplinary team
10. Explain confidentiality
11. State the important principles of communicating with participants
12. State the important principles of communicating with staff
13. Define nonverbal messages
14. Demonstrate proper methods of communication by role-playing
15. List techniques for dealing with the challenges of working in adult day care

Key Words

1. Observation: The act of watching, perceiving, or noting attentively; here, for the purpose of collecting details in order to report accurately
2. Report: An account describing in detail an event or a situation-here, usually as a result of observation
3. Record: A written report-information, observations, or knowledge set down in writing as permanent documentation
4. Accountable: Subject to the obligation to report, explain, or justify one's actions; responsible
5. Interdisciplinary team (or multidisciplinary team): All staff members responsible for the care of each participant, who together assess the participant, make recommendations on interventions and services to be offered, and provide direct services
6. Confidentiality: Respecting the need to keep something private
7. Communication: The imparting or interchange of information, thoughts, or opinions-most often, by speaking or in writing
8. Nonverbal communication: the imparting of thoughts or opinions through means other than speaking-using posture, facial expression, or gestures

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third street SW, Washington DC 2004. Pages 109-110.

Presenting "Staffing"

Objective 1 State the basic requirements for all staff.

Discussion concerning staff requirements. The Standards and Guidelines, developed by the National Institute on Adult Day Care lists the following fundamental requirements for staff:

- "Each staff member shall be competent, ethical, and qualified for the position held.

- References shall be checked and job histories verified.

- Each employee shall have had a physical examination, including tuberculosis screening, within twelve months prior to employment, and a copy of the report on file. Agency personnel policies shall also specify the intervals at which future physical examinations are required

- Staff shall sign a confidentiality agreement and hold all information about participants and families in confidence, treating all participants with respect and dignity.

- All direct service staff shall participate in each individual's plan of care, and ongoing assessment, carrying out the objectives for the participant and performing other services as required.

- Staff members shall follow an established system for daily communication to ensure ongoing transmittal of pertinent information among staff.

- Staff responsibilities and functions shall cross staff disciplinary [or specialty] lines and the staff shall function as a team for the good and well being of the participants.

(Standards and Guidelines, pages 71-73)" (page 111)

Personnel Policy

Objective 2 State the basic tenets of the personnel policy.

Before discussion and review of center personnel policy, it is beneficial to review the following outline as formulated in the National Standards and Guidelines for Adult Day Care, Personnel Policies and Practices:

" 23. There shall be a written job description for each staff position that specifies:

- qualifications for the job

- delineation of tasks

- lines of supervision and authority.

24. Each employee shall receive, review, and sign a copy of the job description at the time of employment. Volunteers who function as staff also shall be provided written descriptions of responsibilities.

25. Provision shall be made for orientation of new employees and volunteers. All staff and volunteers shall receive regular in-service training and staff development that meet their individual training needs. This shall be documented.

26. Six month probationary evaluations and annual performance evaluations, in accordance with job descriptions, shall be conducted and shall match the policy of the funding or parent organization. Staff members shall review the written evaluation, and signed copies shall be kept in locked personnel files.

27. Each employee shall receive and review a copy of the center's personnel policies at the time of employment.

In addition to the above policies and practices, it is recommended that the following be included in the written policies:

- philosophy of the organization
- recruitment, hiring, evaluation, probationary, and dismissal procedures
- employee benefits (retirement plan, leaves, and promotion opportunities)
- pay practices
- grievance procedures.

28. Each worker shall have an individual file containing: worker's qualifications, verification of training completed, and all performance evaluations.

29. Whenever volunteers function in the capacity of staff, all personnel policies-except financial remuneration-shall apply.

30. The program shall conform to federal and state labor laws, must be in compliance with equal opportunity guidelines, and must be adhere to federal and state employment regulations.

31. Personnel files shall contain a copy of a current license or certificate, if applicable to the staff position, and certification of CPR and first aid training if applicable (with sufficient full-time staff trained so that at all times there are two trained persons in the center)." (Standards and Guidelines, pages 29-31)

Reading and Handout Standards and Regulations for Licensure of Adult Day Care Centers In Oklahoma, Staffing Requirements pages 19-21.

Discussion and review of National , State and center policies concerning Personnel Policy in Adult Day Care Centers.

Aide's Relation to Other Staff

Objective 3 Locate the position of the program aide in the organization chart.

The Manual presents the following list as an overview of staff positions

- administrator
- program director
- social services staff
- nurse
- activities staff
- therapists (physical, occupational, or speech therapists)
- consultants (such as dietician)
- secretary/bookeeper
- driver maintenance and security staff

- kitchen staff
- volunteers

Unit 3 includes a discussion of the organizational chart and may be reviewed in this section also.

Discussion center organizational chart.

Program Aide

Objective 4 List the responsibilities included in the aide's job description.

Review and discuss job description examined in Unit 1. Review and discuss center job description for adult day care program aide. If that job title is not used, review and discuss the job description that is revelant to the subject.

Maximizing the Independence of the Participant

Review and discuss specific tasks and responsibilities concerning the participant's independence. Handout 1 states the following points to emphasize when managing each task:

- " always treating the participant with respect
- letting the participant do as much as possible for him-or her self
- assisting the participant in doing something, rather than doing it for him or her
- offering encouragement and support for efforts at independence

working toward retaining or regaining the abilities of the participant'" (Page 115)

Observation, Recording, and Reporting

Objective 5 Demonstrate understanding of observations.

Handout 2 Observation, Recording and Reporting

The Manual emphasizes observation, recording and reporting are three important responsibilities of staff and states some key points as:

- "daily observation of the same details (such as skin tone, strength, and flexibility) so that any changes can be reported immediately to the nursing staff
- watching for signs of physical discomfort, changes in basic abilities, and changes in behavior, in addition to changes in appearance
- calm observation and careful reporting of specific detail in times of crisis
- reporting only what is seen, heard, or done-without further interpretation or assumptions about causes
- observing and listening for signs of physical and/or emotional abuse and neglect, including self-neglect" (page 115)

It is important to recognize that verbal reports by anyone, bruising or skin tears, unusual hunger, weight loss, poor hygiene and grooming may be signs of physical or emotional abuse.

Mosby's Textbook for Long-Term Care Assistants, Chapter 6, Abuse of Elderly Persons, provides the following instruction:

" Abuse of Elderly Persons

Elderly abuse has become more evident in society. the abuser usually is a family member or a person caring for the elderly person. There are different forms of abuse. The person may be intentionally harmed.

1. Physical abuse involves hitting, slapping, kicking, pinching, and beating. Physical injury and pain may result. The person may be deprived of needed medical services or treatment.
2. Verbal abuse can be described as the use of oral or written words or statements that speak badly of, sneer at, criticize or condemn the person. OBRA guidelines also include unkind gestures as a form of verbal abuse.

3. Involuntary seclusion is confining the person to a specific area. Elderly people have been locked in closets, basements, attics, and other spaces.

4. Financial abuse is the use by another person of the elderly person's money.

5. Mental abuse relates to humiliation and threats of being punished or deprived of such things as food, clothing, care, a home, or a place to sleep.

6. Sexual abuse is when the person is harassed about sex or is attacked sexually. The person may be forced to perform sexual acts out of fear of punishment or physical harm.

Abuse of elderly persons can occur in their own homes, hospitals or nursing facilities. Often the abuse is unrecognized. There are many signs of elderly abuse. Any one of the following may indicate abuse.

1. Living conditions are unsafe, unclean, or inadequate.

2. Personal hygiene is lacking. The person is unclean, and clothes are dirty.

3. Weight loss occurs, with signs of poor nutrition and inadequate fluid intake.

4. There are frequent injuries, which occur under strange or seemingly impossible circumstances.

5. Old and new bruises are seen.

6. The person seems very quiet or withdrawn.

7. The person seems fearful, anxious, or agitated.

8. The individual does not seem to want to talk or answer questions.

9. The person is restrained or locked in a certain area for long periods of time. Toilet facilities, food and water, and other needed items cannot be reached

10. Private conversations are not allowed. The caregiver is present during all conservation's.

11. The person seems anxious to please the caregiver.

12. Medications are not taken properly. Medications are not purchased, or too much or too little medication is taken.

13. Emergency room visits may be frequent.

14. The person may go from one doctor to another or may not have a doctor." (page 106)

State law requires the reporting of abuse.

Presentation by Adult Protective Services workers concerning this issue is recommended.

Activity One: Reporting Role Play

Objective 6 State the components of a verbal report.

The Manual states this activity as an exercise designed to reinforce attention of reporting detail and accuracy:

"At this point in the session have another staff member charge into the room, say that she must interrupt you, and begin an excited and loud account of a fictitious situation-using names, numbers, physical descriptors, and any other details possible-taking no more than a few minutes to do this. After the staff person leaves the room, ask the trainers to report on what they observed, including as many details about the staff person and the account as they can recall. On the flip chart quickly make a list of their observations Make certain that the distinction between observation and interpretation is clear." (page 116)

Responsibility

Objective 7 List those things a program aide does not do.

Objective 8 Define personal accountability

The Manual states:

" Center policy may include, but may not be limited to, the following things that the aide does not do:

- try to carry out instructions that are not clear
- draw conclusions about behavior or conditions observed
- diagnose or prescribe
- administer medications

- perform a function that he or she has not been trained to do
- perform a function which he or she does not feel confident to perform without assistance or supervision" (page 117)

Discussion of accountability. Aide's are personally accountable for what they do and have to be able to explain or justify their actions. It is imperative that aides have a clear understanding of their job descriptions. They are responsible to ask for clarification of their duties when they are unsure.

Reading

Mosby's Textbook for Long-Term Care Assistants, chapter 2, pages 23-24.

Interdisciplinary team

Objective 9 Define interdisciplinary team.

The Manual states:

"The interdisciplinary or multidisciplianary team is made up of all staff members responsible for the care of each participant, who together assess the participant, make recommendations on interventions and services to be offered, and provide direct services. Included, for example, could be the physician, nurse, social worker, aide, and activities coordinator.

Adult day care center programs are strengthened and services improved when the participants' needs take precedence over rigid lines of responsibility. Because the program is client- centered and because the participants' needs are complex and interrelated, staff interaction and collaboration are needed to respond to those needs.

Therefore, the program aide needs to know that he or she is part of a team; that any member of that team is expected to do whatever needs to be done, whenever it needs to be done; and that the interactions and interdependence of the team members are the heart of the program." (page 117)

Mosby's Textbook for Long-Term Care Assistants discusses the health care team in chapter 1, pages 4-7.

Confidentiality

Objective 10 Explain confidentiality

The Manual states:

"All staff members have an ethical and legal responsibility to keep all information on participants and families or caregivers confidential (this includes a participant's identity, details of his or her condition, and descriptions of situations and events.)

This responsibility means that the aide will not discuss the participants with anyone outside the center and not even with other staff, unless a report is being made or a case conference or team meeting is held. Aides must also remember to avoid talking about a participant in front of the group. Confidentiality also means protecting the information in the participant records (see Unit 3, "Administration and Organization").

Respecting confidentiality means protecting the privacy of all of the participants and their families or caregivers." (page 118)

Communication

The Manual discusses communication as:

" Communication is a very significant skill required of adult day care staff. Through communications (both verbal and nonverbal) we exchange important information, convey respect, and affirm the dignity of the individual. Verbal reports and written records (transmitting the observations made by the program aide) are major elements in the overall responsibility for communication. Communication also involves other interactions with fellow staff, as well as all interactions with participants and their families/caregivers.

Communication is the exchange of information-both the giving and the receiving.

With Participants

Objective 11 State the important principles of communicating with participants

Handout 4 Communication

The Manual states:

" In communicating with participants, the program aide should:

- address the participants appropriately, by name, in the degree of formality which each participant prefers (for example, Mrs. Jones or Helen). Pet names (dear, honey, sugar) although well-intentioned, are considered demeaning and depersonalizing.
- listen carefully

- speak clearly and slowly, but never yell
- walk up to a person before speaking; do not talk across the room
- maintain eye contact, unless it is inappropriate in the culture of either the participant or the aide.

Also the aide should remember to:

- Try to use words that mean the same to the aide and the participant.
- Avoid medical terminology and unfamiliar words.
- Communicate in a logical and orderly manner.
- Be specific and factual when presenting information.
- Speak in short sentences .
- Give the participant time to process the information.

Ask questions to be sure you have been understood. Repeat information as often as necessary. This is especially important for participants with hearing problems. (These seven points are adapted from Mosby's Textbook for Long-Term Care Assistants, page 52)

The aide should not feel compelled to offer a solution to every problem or complaint expressed by a participant.

There are special considerations related to communicating with participants who are in wheelchairs:

- Do not move a person in a wheelchair without first making eye contact (that is , stepping in front of them briefly) and informing them that they are about to be moved, where, and why.
- If engaged in a conversation with a participant in a wheelchair, move to their level. Sit down, so that there can be eye contact without the participant looking up for a prolonged period." (pages 118-119)

Reading

Mosby's Textbook for Long-Term Care Assistants, chapter 4, pages 48-59.

With Staff

Objective 12 State the important principles of communicating with staff.

The Manual states:

"In communicating with fellow staff members, the program aide should:

- listen carefully
- ask for clarification if anything is not clear
- be brief, concise, and to the point
- use clear, precise words and phrases"

(page 119)

Nonverbal Communication

Objective 13 Define nonverbal messages

The Manual states:

"Communication is not limited to what is said, but also includes nonverbal messages. In all communication, the program aide needs to be aware of nonverbal messages. In all communication, including the messages transmitted by body language, tone and volume of voice, and facial expressions." (page 120)

Reading

Mosby's Textbook for Long-Term Care Assistants, chapter 4, Nonverbal Communication, page 56.

Activity Two: Communication Scenarios

Objective 14 Demonstrate proper methods of communication by role playing.

The Manual for Training the Program Assistant in Adult Day Care offers five senarios relating to communication and staff roles:

"Scenario A: All program aides are busy helping the participants at lunch. The administrator is in the lunchroom, chatting with a visitor. Mrs. Jones suddenly announces that she needs to get to the bathroom immediately. It is known that she always needs

help in toileting.
(In an interdisciplinary team, any member does whatever needs to be done-with the participants' needs taking precedence over all. The administrator, therefore, interrupts her conversation to do the toileting.)

Senario B: When the administrator is in the bathroom with Mrs. Jones, the odor in the small room becomes very unpleasant. The administrator shows her negative reaction to the odor while wiping off Mrs. Jones. Mrs. Jones feels humiliated.

(The need for toileting is very common in adult day care and can be embarrassing for the participants. All staff must be as detached and professional as possible, guarding the dignity of the participant. The importance of nonverbal communication should also be emphasized-with practice in avoiding showing negative reactions in a nonverbal way.)
Scenario C: Later, Mrs. Jones confides to her favorite aide that she is so embarrassed to need help in the bathroom that she thinks she may not come back to the center any more, but will just stay at home and do the best she can by herself. She says she has a headache and asks the aide to give her an aspirin. She begins to cry.

(Many participants will be uncomfortable with their loss of ability and need for assistance. The manner in which they are treated by the aides is significant in their success in the program. The communication and feelings shared with the aide are also very important. When the aide hears such negative comments, he or she must: listen, avoid offering advice or false reassurance, and share the information with the nurse or social worker, if appropriate. In this case, the aide does not give Mrs. Jones an aspirin but tells the nurse about the headache. Also note: The administrator needs to be aware of the results of her reaction. If the aide is not comfortable talking with her directly, she could relay the information through her supervisor.)

Senario D: Mrs. Smith, another participant, noticing that Mrs. Jones is upset, asks the aide what is wrong and offers to help.

(To protect the confidentiality of all participants, information on any one participant is not shared with the others. An offer of help from another participant can be rejected politely.)
Senario E: As she is leaving for the day, a somewhat calmer Mrs. Jones asks the aide for a hug.

(For participants and staff for whom it is comfortable, physical contact such as a hug can be appropriate and most reassuring.) (page 120-121)

Special Skills

Objective 15 List techniques for dealing with the challenges of working in adult day care.

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The Manual states:

" Program aides and their supervisors have identified the following as areas in which additional help is needed because of the stress of working in adult day care. Offered here are some tips for dealing with each of these problem areas. A human resource professional would be an ideal person to lead, and flesh out, this part of the discussion.

Stress Management:

- exercise regularly and follow a healthy diet
- seek the support of others
- limit use of alcohol and other drugs
- use your vacation time to really get away, at least mentally
- develop outside interests or increase time spent on them

Grief and loss:

- identify the reason for the grief
- express the grief
- say good-bye to the person lost (write a letter, perhaps)
- focus your attention on positive aspects of their life and your memories

Conflict resolution:

- clarify the issues

- identify personnel and/or participants involved

- discuss possible resolutions, give and take, compromise

- strive for a solution that gives something to each side, a win-win situation

- initiate change

- use the grievance process, if necessary

Organization and time management:

- identify personal strengths and concerns

- list your tasks

- prioritize these tasks

- develop a reasonable time frame for accomplishments

- know when to ask for help and then go ahead and ask

Discussion: Challenges and stress of working in adult day care

References and additional resources refer pages 122-123, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington, DC 20004, 1993.

The Daily Living Centers, Inc., Policy and Procedure Manual and Orientation Manual, 3200 NW 48, Okc., Ok. 73112.

MAXIMIZING THE INDEPENDENCE OF THE PARTICIPANT

In carrying out each task, emphasis should be placed on:

- ▶ always treating the participant with respect
- ▶ letting the participant do as much as possible for him- or herself
- ▶ assisting the participant in doing something, rather than doing it for him or her
- ▶ offering encouragement and support for efforts at independence
- ▶ working toward retaining or regaining the abilities of the participant

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OBSERVATION, RECORDING, AND REPORTING

Remember the importance of:

- daily observation of the same details (such as skin tone, strength, and flexibility) so that any changes can be reported immediately to the nursing staff
- watching for signs of physical discomfort, changes in basic abilities, and changes in behavior, in addition to changes in appearance
- calm observation and careful reporting of specific detail in times of crisis
- reporting only what is seen, heard, or done–without further interpretation or assumptions about causes
- observing and listening for signs of physical and/or emotional abuse and neglect, including self-neglect

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RESPONSIBILITY

Center policy may include, but may not be limited to, the following things that the aide does *not* do:

- try to carry out instructions that are not clear
- draw conclusions about behavior or conditions observed
- diagnose or prescribe
- administer medications
- perform a function that he or she has not been trained to do
- perform a function which he or she does not feel confident to perform without assistance or supervision

Other things that the aide does not do in *this* center:

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COMMUNICATION

In communicating with participants, the program aide should:

- address the participants appropriately, by name, in the degree of formality which each participant prefers (for example, Mrs. Jones or Helen). Pet names (dear, honey, sugar) although well-intentioned, are considered demeaning and depersonalizing.
- listen carefully
- speak clearly and slowly, but never yell
- walk up to a person before speaking; do not talk across the room
- maintain eye contact, unless it is inappropriate in the culture of either the participant or the aide

Also, the aide should remember to:

- Try to use words that mean the same to the aide and the participant.
- Avoid medical terminology and unfamiliar words.
- Communicate in a logical and orderly manner.
- Be specific and factual when presenting information.
- Speak in short sentences.
- Give the participant time to process the information.
- Ask questions to be sure you have been understood. Repeat information as often as necessary. This is especially important for participants with hearing problems.

(These seven points are adapted from *Mosby's Textbook for Long-Term Care Assistants*, page 52.)

In communicating with fellow staff members, the program aide should:

- listen carefully
- ask for clarification if anything is not clear
- be brief, concise, and to the point
- use clear, precise words and phrases

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Unit 7

Facility and Environmental and Safety Considerations

Unit 7

Facility and Environmental and Safety Considerations

Trainer: Center Administrator, Trainer

Time Estimate 2-3 hours

Handouts:

1. Questions for Walk-Through

Objectives

1. Walk confidently through the facility
2. Locate essential areas and equipment
3. Relate information on the aging process to the facility design
4. Relate programming goals to the facility
5. Explain safety and sanitation policies and procedures
6. Relate information from Unit 3 to the facility
7. Relate information from Unit 4 to the facility

Key Words

1. Accessibility: The ease with which something can be approached, reached, entered, and/or used
2. Boundaries: Those things that indicate bounds or limits
3. Facilitate movement: To make moving around easier or less difficult
4. Encourage involvement: To stimulate active participation through assistance or approval
5. Reinforce orientation: To strengthen or increase the participant's ability to locate him-or herself in the environment
6. Barrier-free: The absence of anything that serves to restrain or obstruct access or progress
7. Glare: Harsh, bright, or dazzling light
8. Toxic substance: Poisonous matter
9. Alarm/warning systems: Combination of things or parts that signal for attention and give notice of danger, need for caution
10. Hazardous: Full of risk, perilous, dangerous
11. Universal precautions/exposure control: Infection control guidelines developed by the Centers for Disease Control, intended to protect the worker against possible HIV transmission through exposure to blood and certain other body fluids

12. Food service: All parts of the process through which meals and snacks are prepared and served to participants

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third Street SW, Washington DC 2004. Pages 128-129.

Presenting "Facility and Environmental and Safety Considerations"

The National Council on the Aging's National Institute on Adult Day Care has published Standards and Guidelines For Adult Day Care. Those standards and guidelines were written and recognized nationally as having the intentions of :

- "assist and encourage development of new centers;
- improve the quality and efficiency of existing centers; and
- provide national direction for policy formation." (page xi)

The National Council on Adult Day Care (NIAD), in part five of Standards and Guidelines, states the following:

" The physical environment of the adult day care center has great potential as a therapeutic tool. A well-planned environment has the appropriate supports and cues to enhance the participants' ability to function as independently as possible and to engage in program activities. The environment plays an even more significant role as an individual's level of impairment increases. There is no "best design" or "perfect environment," but creativity and imagination are two key factors largely responsible for an effective environmental design.

In designing an adult day care center, planners must create an environment sensitive and supportive to the principles of adult day care that will:

- "Maximize the functional level of the participant and encourage independence to the greatest degree possible;
- Build on the participants' residual strengths, while recognizing their limitations and impairments;

- Establish for the participant a sense of control and self-determination, regardless of his/her level of functioning;
- assist in maintaining the physical and emotional health of the participant while preventing further debilitation whenever possible." (pages 84-85)

Selection of a site for an adult day care should be based on consideration of the needs of the target population.

Walk-through

Objective 1 walk confidently through the facility.

Objective 2 Locate essential areas and equipment.

Objective 3 Relate information on the aging process to the facility design.

Objective 4 Relate programming goals to the facility.

Demonstration and discussion involving tour of center. Review Units on Safety and Emergencies and information in Unit 2 concerning the aging process. The Manual suggests asking specific questions during the tour about why some accommodations have been made. Some examples are:

- Why are sheer curtains pulled over a window exposed to the south or west in the afternoon? (Glare is very bothersome to the eyes of most older people.)
- Why are the brightest lights on in the crafts room? (Most older people need added light for close vision.)
- Why is the piped- in music turned off during a group discussion session? (Background noise can make it difficult for an older person to hear clearly and can be a distraction from concentration.)
- Why are there so many bathrooms in the center? (Most older people need to void more frequently and often with less warning time than younger people.)
- Why is there so much attention to avoiding falls? (The thin, brittle bones of many older people are very vulnerable to accidental breaks, which in turn can take longer to heal.)

- Why is the center's heat turned up as high as it is ? (Older people are less able to maintain a normal body temperature and often feel cold.)
- Why are cleaning materials, glue and paint kept under lock? (Because participants who are very confused could swallow them.)" (page 131)

Location

NIAD's Standards and Guidelines, part 5 suggest the following concerning location:

"Selection of a site for a center shall be based on information about potential participants in its service area and be made in consultation with other agencies, organizations, and institutions serving older individuals and those with functional impairments, as well as considering the availability of a suitable site.

Factors to consider in selecting a site include:

- Demographic information and projections about potential participants and caregivers in the service area
- Projections of actual use
- Input from, and consultations with, other agencies and institutions in regard to community needs
- Accessibility to the greatest number of people
- Proximity to, and number of, other adult day care centers in the community serving the same population, in order to avoid the duplication of services
- Proximity to other services and facilities, such as therapies and medical care
- Convenience to public or private transportation
- Safety and security of participants and staff." (pages 85 and 88)

Space

Adult Day Care Centers must comply with specific regulations concerning the building and grounds. The facility must meet state and local codes involving safety, fire, health and other ordinances. The Americans with Disabilities Act mandates compliance with it's requirements.

The Standards and Regulations for Licensure of Adult Day Care Centers in Oklahoma, section 310:605-15-3, page 31 state the following requirements:

"(a) Space within the adult day care center shall be provided to accommodate the full range of program activities and services.
(b) A minimum of (40) square feet of space shall be provided for each participant, excluding hallways, storage areas, offices, restrooms, and kitchens.
(c) Office space shall be sufficient to permit staff to work effectively without interruption.
(d) Space shall be provided for special therapies and designated areas to permit privacy."

National Standards and Regulations, part five state:

"127 When, possible, the facility shall be located on the street level. If the center is not located at street level, it is essential to have a ramp and/or elevators. An evacuation plan for relocation of participants shall also be in place in the event of a power outage.

128 Each adult day care center, when it is located in a facility housing other services, shall have its own separate identifiable space for main activity areas during operational hours. Certain space can be shared, such as the kitchen and therapy rooms.

129 The facility shall have sufficient space to accommodate the full range of program activities and services.

130 The facility shall provide at least sixty (60) square feet of program space for multi-purpose use for each day care participant.

It is strongly recommended that centers serving a significant number of people with cognitive impairment or who use adaptive equipment for ambulation or medical equipment provide eighty to one hundred (80-100) square feet per participant.

Note: In determining adequate square footage, only those activity areas commonly used by participants are to be included. Dining and kitchen areas are to be included only if these areas are used by participants for activities other than meals. Reception areas, storage areas, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

131 The facility shall be flexible and adaptable to accommodate variations of activities (group and/or individual) and services.

132 The center shall provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving the services. (See Part Three: Services)

The stress of providing adult day care is high, and environmental supports are essential to assist staff members to maintain good staff morale and job satisfaction.

133 There shall be sufficient private space to permit staff to work effectively and without interruption.

In addition, it is highly recommended that staff have a separate restroom and separate eating place.

The emotional strain of caregiving is also tremendous for families and other caregivers.

134 There shall be an identified separate space available for caregivers to have private discussions with staff.

135 There shall be adequate storage space for program and operating supplies."
(page 88-91)

NIAD Standards and Regulations also recommend that:

"It is also recommended that a minimum of two parking spaces be identified as parking for those with a handicap and that these spaces be at least 13 feet wide and located near the entrance door.

It is recommended that outside space be accessible to those with a handicap. These could include smooth walkways, seating for resting or watching activities, recreational space, and a garden area. The area should have a fence or landscaping to create a boundary in order to prevent participants from wandering, and it should be easily supervised by staff. Outside furniture should be sturdy and safely arranged.

Atmosphere and Design

The Manual for Training the Program Assistant in Adult Day Care states:

"The facility should use information and cues-such as signs, symbols, and color coding- to facilitate movement, encourage involvement, and reinforce orientation. It must also be barrier-free and should be warm and inviting. Furnishings and furniture arrangement should be used to support programming.

Adequate lighting is important, as is the avoidance of glare. Transitional areas, such as entrance areas and hallways, must be especially well-lighted.
Sound transmission must be controlled and excessive noise avoided. A comfortable temperature range is also important.

Appropriate furniture should include adequate seating, both recliners and straight backed chairs with arms.

A telephone should be available for participant use. Any restrictions of telephone use should be clear to the program aide.

Interior and exterior signs and other cues are important." (page 132)
Standards and Regulations for Licensure of Adult Day Cares in Oklahoma, section 310:605 15-5, page 31 state:

"

(a) The center shall be furnished adequately to meet the needs of the participants.

(b) Adequate furniture shall be appropriate for use by persons with limited agility. Furniture shall be sturdy and secure.

(c) There shall be at least one bed located in a quiet space separate from other program activities.

(d) Equipment and supplies shall be adequately provided to meet the needs of all participants.

(e) All furnishings and equipment shall be in good and safe condition and properly maintained."

NIAD Standards and Regulations state:

"139 The design shall facilitate the participants' movement throughout the center and encourage involvement in activities and services. The environment shall reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to get his/her orientation to time and space.

140 A facility shall be architecturally designed in the conformance with the requirements of Section 504 of the Rehabilitation Act of 1973 to accommodate individuals with a handicap and meet any state and local barrier-free requirements.

The atmosphere must be warm and inviting. It is desirable to avoid an institutional appearance and to offer an atmosphere which provides an opportunity for social contacts, both casual and structured, but also allows for individuals who prefer being alone from time to time." (page 93)

Safety and Sanitation

Objective 5 Explain safety and sanitation policies and procedures.

The Manual states:

" The facility and grounds must be safe, clean and accessible. Medication must be labeled and securely stored away from participant activity areas. If
medications need to be refrigerated, they should be in a locked box in the refrigerator, or in a separate refrigerator.

Toxic substances must also be stored in an area not accessible to participants.

Safe and sanitary handling, storing, preparation, and serving of food must be assured. Careful supervision and strict compliance with state and local requirements will guide the program aide in this area.

At least two well-identified exits are necessary, and an evacuation plan must be posted in each room.

Alarm/warning systems, including call bells and warning lights for those with a hearing impairment, are necessary for safety. A warning system for participants who wander may also be in place.

The facility must be free of hazards (such as high steps or steep grades). Steps and curbs are painted to stand out and the edges of stairs are marked to highlight them. Nonslip surfaces or bacteria-resistant carpets should cover stairs, ramps, and floors.

All stairs, ramps, and bathrooms accessible to those with disabilities should be pointed out to the aides.

Emergency first aid kits should be visible and accessible to the staff.

Maintenance and housekeeping are to be carried out regularly to keep the facility clean, sanitary, and safe. The program aide should be aware of any housekeeping responsibilities-such as cleaning up spills promptly to avoid causing a fall. The aide should also be aware of general housekeeping procedures and specifically how and where to dispose of soiled laundry, incontinence products, and contaminated materials.

Most health care facilities are smoke-free. If smoking is permitted, and if the program aide is responsible for supervising the participants' smoking, then he or she must be made aware of all safety factors involved.

Universal precautions must be observed by all staff. (See Unit 4, page 72.)"

The aide should be given explicit instruction and training on who, what, where and when concerning safety and sanitation matters.

Reading
NIAD Standards and Regulations, part five, Safety and Sanitation, pages 97-101.
Demonstration and discussion on safety and sanitation. Demonstrate ability to handle fire extinguisher and other safety precautions.

Handout 1 Questions for Walk-Through

Discussion of Walk-through

Questions and answers will vary according to facilities. The walk through of the facility should be an opportunity to observe and identify the subjects covered throughout the training.

The Manual suggests the following questions:

1. Where are: the entrance ramp or elevator? private spaces for conferences, for isolation, for staff? storage spaces?
2. What are the policies for the use of the outdoor space?
3. What are the policies on telephone use by participants?
4. Where are medications stored? How and by whom are they removed from storage?
5. Which toxic substances are stored? Where? How are they handled and disposed of?
6. What procedures and equipment are used in food handling?
7. Where are the exits? Where are the evacuation plans posted?
8. Are there any potential hazards to be seen-for example, are there items left in places where they might lead to falls?

9. What alarm and warning systems are used? How and by whom are they triggered?

10. What fire safety procedures and equipment are used? How and by whom are they used?

11. Where are the first aid kits? How and by whom are they used?

12. What housekeeping responsibilities does the program aide have? What is the overall plan for housekeeping responsibilities?

13. What is the smoking policy? If there is a smoking area, what is the aide's responsibility? What safety factors apply?

14. What is the policy on universal precautions/exposure control? How does the aide implement the policy?

Review

Objective 6 Relate information from Unit 3 to the facility.

Objective 7 Relate information from Unit 4 to the facility.

The Manual suggests a review of the following:
" In Unit 3, "Administration and Organization": Emergency and Safety Procedures, including the center's Emergency Plan (copies of which were handouts for the aides) and Handout 2, Personal Protective Procedures.

In Unit 4, "Personal Care": specifically Cleanliness, Handwashing, and universal precautions/exposure control, including the center's policy on universal precautions/exposure control (copies of which were handouts for the aides) and Handout 2, Handwashing." (page 135)

Review procedures in CPR and the Heimlich maneuver.

References and additional resources refer page 135, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington, DC 20004, 1993.

Adult Day Care Center Regulations, Oklahoma State Department of Health, Special Health Services--0501, 1000 Northeast Tenth Street, Oklahoma City, Ok 73117-1299

The Daily Living Centers, Inc., Policy and Procedures Manual and Orientation Manual, 3200 NW 48 Street, Okc., Ok. 73112.

QUESTIONS FOR WALK-THROUGH

1. Where are: the entrance ramp or elevator? private spaces for conferences, for isolation, for staff? storage spaces?
2. What are the policies for the use of the outdoor space?
3. What are the policies on telephone use by participants?
4. Where are medications stored? How and by whom are they removed from storage?
5. Which toxic substances are stored? Where? How are they handled and disposed of?
6. What procedures and equipment are used in food handling?
7. Where are the exits? Where are evacuation plans posted?
8. Are there any potential hazards to be seen—for example, are there items left in places where they might lead to falls?
9. What alarm and warning systems are used? How and by whom are they triggered?
10. What fire safety procedures and equipment are used? How and by whom are they used?
11. Where are the first aid kits? How and by whom are they used?
12. What housekeeping responsibilities does the program aide have? What is the overall plan for housekeeping responsibilities?
13. What is the smoking policy? If there is a smoking area, what is the aide's responsibility? What safety factors apply?
14. What is the policy on universal precautions/exposure control? How does the aide implement the policy?

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Unit 8

Serving Individuals with Alzheimer's Disease and Other Dementias

Unit 8

Serving Individuals with Alzheimer's Disease and Other Dementias

Trainer: Center Administrator, Trainer, Education Director from local unit of Alzheimer's Association if possible.

Time Estimate 3-5 hours
Video Time 3 1/2 hours
Clinical

Handouts:

1. Techniques for Communicating with Individuals with AD, Participants

2. Techniques for Communicating with Individuals with AD, Staff

Objectives

1. Describe the special characteristics of an adult day care program serving participants with AD
2. List the most common symptoms of AD
3. List the six principles of good care
4. Describe the essential personality traits of a program aide caring for participants with AD
5. Describe the special circumstances in providing personal care for participants with AD
6. Identify the characteristics of appropriate therapeutic activities
7. Explain the reasons for special adaptations of the physical environment
8. Identify special safety concerns
9. Demonstrate the special techniques for listening to participants with AD
10. Demonstrate the special techniques for communicating with participants with AD
11. Demonstrate appropriate interventions to avoid anticipated behaviors that could cause problems

Key Words

1. Alzheimer's disease: A progressive degenerative disease that causes pathological changes in the brain, the major cause of irreversible dementia
2. Dementia: Loss or impairment of mental power, a group of symptoms including confusion, disorientation, and memory loss
3. Multi-infarct dementia: After AD, the second most common cause of dementia, the result of damage the brain caused by a series of small strokes
4. Communication: The imparting or interchange of information, thoughts, or opinions-most often, by speaking or in writing
5. Nonverbal communication: The imparting of thoughts or opinions through means other than speaking, using posture, facial expression, or gestures
6. Behavior Acceptance: Rather than behavior modification, accepting the behavior of the participant with AD, not trying to change it, but rather adapting to it
7. Wandering: Roaming or straying without a definite purpose or objective
8. Perceptual: Relating to the interpretation of information through the senses between objects, primarily through sight
9. Routine: A customary or regular course or procedure
10. Sensory stimulation: Encouragement or excitement of the senses
11. Anxiety: Feeling of intense apprehension
12. Agitation: Anxiety intensified to the point of motor restlessness
13. Hostility: Demonstration of anger through threats or violence
14. Pacing: Walking up and down nervously
15. Delusion: Ongoing misperception, often compounded by paranoia (feelings of persecution)
16. Hallucination: Sensory illusions, unique to the individual
17. Rummaging: Searching actively through something
18. Pillaging: Taking away things not one's own, sometimes roughly
19. Hoarding: Hiding or storing away in a hidden place
20. Catastrophic Reaction: An inappropriate overreaction when overwhelmed
21. Sundowning: Increased agitation in the late afternoon

Reference: A Manual for Training the Program Assistant in Adult Day Care by Mary Brugger Murphy and the Task Force on Training, National Council on Aging, Inc. 409 Third street SW, Washington DC 2004. Pages 128-129.

Presenting "Serving Individuals with Alzheimer's Disease and Other Dementias"

Unit 8 may be presented in two sessions as the following suggests in the Manual :

1. "Philosophy, Symptoms, Principles of Good Care, and Relationship to Other Units

Communication and Avoiding Problems" (page 139)

Philosophy

Objective 1: Describe the special characteristics of an adult day care program serving participants with AD.

According to the Manual:
"The uniqueness of the needs of persons with AD has led adult day care centers to adapt their programs in order to serve this growing population. Because AD causes physical changes to the brain that affect every area of behavior and functioning, serving persons with AD in an adult day care center requires developing a very different approach to traditional care.

A successful adult day care program for persons with AD is characterized by:

- Staff trained in the appropriate ways of communicating and responding to participants who have lost the ability to act, convey needs, and think in conventional ways

(Using traditional methods of communicating can make participants feel threatened, which may lead to behaviors that have been labeled as 'problems'. To prevent these situations, staff members must be trained to convey acceptance of the participant's behavior in both their verbal and nonverbal communication and to develop alternative strategies to resolve problems and conflicts.)

- A commitment to making a safe and supportive environment for the Participant with AD

(Creating this environment requires understanding the disease process and making adaptations to compensate for participants' losses.)

- A structured program of non-threatening activities that promotes the participants' dignity and self-esteem and maintains their cognitive, physical, and psychosocial functioning at the highest possible level for as long as possible

- Educational and supportive services to family/caregivers, designed to strengthen their caregiving abilities and coping skills." (pages 140-141)

(Adapted from Standards and Guidelines, pages 110-111)

Symptoms

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Objective 2 List the most common symptoms of AD.

Alzheimer's Disease is a disease. It is not part of normal aging. It is not contagious. There is no cure.

The Manual explains:
" Alzheimer's disease is a progressive degenerative disease that causes pathological changes in the brain, the major cause of irreversible dementia. Dementia is the general term for loss or impairment of mental power, characterized by a group of symptoms including confusion, disorientation, and memory loss. Irreversible dementia can be caused by a number of conditions and diseases, the most common of which is AD. The second most common cause of dementia is multi-infarct dementia, the result of damage to the brain caused by a series of small strokes.

"The symptoms [of AD] include gradual memory loss, decline in the ability to perform routine tasks, impairment of judgment, disorientation, behavior changes, difficulty in learning, and loss of communication skills. Behavior changes most frequently experienced include suspiciousness, insecurity, anxiety, pacing, fidgeting, and, for some persons, aggressiveness and wandering.

"Although persons with AD lose their abilities at various rates and to different degrees, all are placed at a considerable disadvantage and risk because of the disease, relating to these 'invisible' losses is one of the more difficult aspects of caring for persons with AD.

"The adult day care center must be prepared to deal with the unique characteristics of AD. The most common symptoms of AD which must be confronted in an adult day care center follow.

- "The loss of the ability to reason and [diminished decision-making ability]. As far as possible, staff must manage behavior by accepting it. Arguing, confronting, and convincing are counterproductive in dealing with persons with AD. Distracting the person from a troublesome behavior is often successful.

- Shortened attention span. Concentrating long enough to complete an activity becomes increasingly difficult for the person with AD as the disease progresses. Activities must be analyzed and structured to accommodate each person's needs. Participation in traditional groups may become difficult.

- Disorientation and memory loss. A participant with AD cannot process a lot of details at once or may not be able to remember well-learned information. For example, participants may be unable to recall the location of certain rooms in the center or [may be] incapable of following simple directions.
- Slowed reaction time. Response to instructions is often delayed. Even if the participant may understand an instruction, he or she will take a longer time to react in

an appropriate manner. The individual may also need active encouragement to initiate or follow through on an activity.

- Wandering behavior. Some persons with AD may wander. The reasons for this symptom are unclear, but wandering may result from being over stimulated, anxious, or uncomfortable. Aimless wandering may be a way of expressing that the persons feels lost, bored, restless, or in need of exercise. The person may be searching for something or some place previously known. But for whatever reason it occurs, wandering behavior is a safety risk for adult day care centers unless the environment is modified to monitor exits from the building-while physically structured to allow for safe wandering.

- Perceptual problems. The ability to interpret information from the eyes, ears, and other sensory organs is affected by AD. The participant may become lost in the center, may be unable to recognize common objects or familiar persons, or have difficulty perceiving spatial relationships [negotiating steps, for example, may be difficult].

- Needs for assistance. There will be an increased need for assistance in the instrumental activities of daily living (IADLs) and in the activities of daily living (ADLs). Needs for feeding and toileting assistance, for example, can be of special importance in [serving] participants with AD in an adult day care center."

(Standards and Guidelines, pages 112-114)

Other impairments often experienced by the participant with AD may include: interference in the ability to communicate, with deterioration of word- recall and word-finding skills; incontinence; impaired ability to plan, initiate, organize, and sequence activities; and impaired impulse control."(pages 141-142)

"The progression of Alzheimer's disease and stages of its progress have been described in simple and complex ways. Most significant is the recognition that both cognitive and functional impairments will increase, although for each individual the disease will progress differently. It is necessary to anticipate the progress of the illness, to the extent possible, and its effect upon the center in order to plan effectively." (Standards and Guidelines, page 114)

The Manual continues:
"Adding to the challenge are rapid, unpredictable changes in functional ability. Functional ability can vary from moment to moment and day to day. Many additional factors will affect abilities; for example, other diseases, even a physical discomfort that the participant cannot communicate, will have an effect.

Through the use of exercises, other losses can be simulated for the program aides. But the loss of memory and the ability to reason are not easy to simulate-or even to imagine. (page 143)

Reading
Mosby's Textbook for Long Term Care Assistants, chapter 24, Confusion and Dementia, pages 514-522.

Discussion

Group discussion concerning forgetfulness and memory loss. Include feelings concerning anxiety and embarrassment. Most everyone has experienced forgetting, for example, walking into a room and forgetting why you are there. Walking into the middle of a movie. Experiencing the anxious feeling of being in a strange environment. Moving somewhere and not knowing anyone. Ask for other examples and discuss the feelings and coping skills possible. Discuss center population and identify specific cases of participants, disease stage and their coping methods.

Principles of Good Care

Objective 3 List the six principles of good care.

Objective 4 Describe the essential personality traits of a program aide caring for participants with AD

Experienced care providers have agreed upon the following principles of good care. The Manual lists them as:

- "The importance of routine for the participant with AD and the value of repeatedly following a regular daily schedule;
- Sufficient flexibility to provide alternatives that accommodate unanticipated needs and events;
- Communication-compensating for the diminished communication skills of participants and using words and nonverbal actions to encourage desirable or necessary behavior;
- Behavior acceptance (rather than behavior modification)-while taking measures to avoid triggering "problem" behaviors;
- A sensitive to timing and deliberate and conscious avoidance of hurrying the participants; and
- The ability of the staff to recognize the verbal and nonverbal cues of the participants."

(Standards and Guidelines, pages 115-116)

Because of the special needs and unique behaviors of participants with AD, it is important that staff possess certain personality traits and attitudes. Through most cannot be taught, they can be identified, emphasized, and encouraged. Many of these qualities, such as commitment, empathy, patience, flexibility, and a sense of humor, are common to staff in all adult day care programs.

Other important traits and attitudes are: energy and enthusiasm, along with the ability to project calmness; interest in and concern for participants and sensitivity to their special needs; a desire to help people and engage them in meaningful activities; and creativity. Program aides must also respect the participants for who they are and accept their individual strengths and abilities without unrealistic expectations for improvement. Those who remain in this field generally possess perseverance and optimism, without depending upon daily progress or improvement. It is also important to understand that staff members must be able to handle inappropriate words and actions without being personally offend. If their feelings are hurt, they must be able to understand that the hurt is a normal reaction, but that a professional, neutral response is required." (page 144)

Discussion of program aide personality traits. Encourage aides to share their own strengths and weaknesses concerning the personality traits.

Modifying the Training Program for Work with Participants with AD

Modifying Unit 3, "Administration and Organization"

The Manual addresses the following: "In addition to the training provided in Unit 3, the aides should be aware of the following requirements for a program serving individuals with AD:

- The participation of family members in the governing or advisory body
- An overall staffing plan that responds to changes in the participant population (that is, greater number of staff needed for a greater number of participants with AD, or perhaps staff with different skills)
- Clearly defined admission and discharge criteria based upon the center's ability to manage and care for participants, carefully described to the family or caregiver (addressing, for example, the discharge of participants who become assaultive or who require the continuous attention of a staff member)
- An orientation period to maximize adjustment
- Organizational policies that respond to unique behaviors, such as wandering (with a posted plan of emergency action steps in case a participant disappears from the center, for example)
- A plan for community education

It is especially important for aides working with participants with AD to observe and record incidents that triggered behavior that could be problematic, as well as successful and unsuccessful interventions. Patterns can thus be observed and successful approaches shared with other staff." (page 145)

Modifying Unit 4, "Personal Care"

Objective 5 Describe the special considerations in providing personal care for participants with AD

Handout 4 Personal Care

The Manual states:
" There is likely to be an increased need for personal care services among participants with AD. Providing the services in a professional manner, while demonstrating respect for the participant and protecting her self-esteem, will be an important part of the role of the aide.

Important points for aides to remember when working with participants with AD include:

1. The likelihood that the participant can hear and sense more of what is going on around her than she responds to directly,

2. The possible value of a regular bathroom schedule,

3. The preference for an encouraging suggestion rather than a question,

4. The value of using simplicity and structure-for example, offering one article of clothing at a time and in proper sequence when dressing, or serving parts of a meal sequentially." (page 146)

Discussion and demonstration of handout 4, Personal Care. Demonstrate modifications necessary for participants with AD. Use role play and then interact with participants when possible.

Modifying Unit 5, "Services"

Plan of Care

The Manual suggests:

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"There are a few modifications to the earlier material on the development of the plan of care: an added emphasis on data collected prior to enrollment, reliance upon the caregiver for information (because of the diminished communications skills of the participant with AD), special attention to assessing functional ability and evaluation of behavior. A staff visit to the home of a participant with AD is very important because it offers the opportunity to make observations and recommendations related to the home environment that might be of help to the family/caregiver; to observe successful techniques used by the family/caregiver; and to observe retained skills and abilities that might not be observed at the center and that certainly would not be revealed by testing.

The development of the individualized plan of care will, in some ways, be different from that described earlier. It is important for the program aide to know that the plan of care should include a diagnosis by a physician of probable AD or another dementia, as well as a thorough medical, mental health, and mental status assessment for dementia to rule out depression or other treatable causes for apparent dementia. Further, extensive information about the participant and her personal history will help in planning and caring for a participant with limited ability to express preferences or interests or to initiate activities for herself. The plan of care will also be review more frequently-at least every three months." (page 146-147)

Therapeutic Activities

Objective 6 Identify the characteristics of appropriate therapeutic activities.

The Manual states:

"Therapeutic activities are essential in any adult day care participant's plan of care, but they can be especially important in caring for the participant with AD.

"The major goal of the Therapeutic Activity program is to develop structured non-threatening activities that preserve the participants' dignity and maximize their remaining abilities and assets. This includes reinforcing the ADLs of which they continue to be capable. Therapeutic Activities are part of the structure of the entire day, a daily schedule that has a regular plan and pattern and stresses routine and regularity because participants generally find comfort in predictability and consistency.

"Preferred characteristics of activities include: the use of small groups (with a staff trained in group process skills); a definite pattern to the daily schedule of activities, coupled with the ability of a staff to adapt activities to meet unpredictable participant changes; and the possibility of individual programming, if necessary. Also recommended is the use of partialization (breaking down activities into a series of steps in order to accommodate a shortened period of concentration and to increase the likelihood of successful completion, rather than frustration and increased stress, as the outcome)."(Standards and Guidelines, pages 120-121)

Therapeutic activities are important because despite his or her failing abilities, the person with AD retains some very important skills and, above all, retains those basic psychosocial needs that are common to us all: the needs to be productive, to identify oneself as a valuable individual, and to maintain contact with one's environment and with other people." (Doing Things, page 103)

The standards and Guidelines recommend that there "be a comprehensive program of activities that:

- Provides enjoyable, pleasurable experiences
- Provides a positive outlet for energy and emotions
- Provides creative opportunities for self-expression
- Structures time
- Provides relaxation and stress-release
- Accommodates wandering and produces a safe climate
- Helps to increase feelings of self-worth
- Provides physical fitness activities
- Provides continued contact with the community, including field trips, when appropriate
- Provides opportunities for peer relationships, and

Is designed to maintain participants' maximum level of functioning.

"The Therapeutic Activities program should also provide:

- Individual plans, based upon the leisure interest history and assessment, with monitoring of progress
- Activity flow patterns that include both deliberately quieting and more stimulating activities at the most appropriate times of the day (for example, more demanding and structured activities are often more successful in the morning. Since anxiety and agitation usually increase as the end of the day approaches, creative expressive therapies such as music may be more appropriate then.)
- Opportunities for walking in a safe environment
- Separation of higher/lower level functioning groups or planning of parallel activities to adjust to the abilities of the group, when appropriate

- Activities that are age-appropriate, enhance self-esteem, and stimulate long-term memory
- Attention to quality and quantity of sensory stimuli, with the appropriate level of sensory stimulation provided without unnecessarily contributing toward participants' anxiety. (Participants are likely to have a limited capacity to process large amounts of stimulation and sort out pertinent stimuli from background.)

The opportunity for participants to identify tasks that can be done and sufficient support to ensure success in order to regain a sense of control (with the use of techniques such as partialization, for example).' (Standards and Guidelines, pages 121-123)

Further there can be great value in incorporating the participants' ethnic, cultural, and religious heritage into the activities.

Techniques to consider include:

- The use of repeated, habitual, and familiar motions-such as drying dishes, folding laundry, or sanding wood
- Initiating an activity for or with the participant
- Giving her hand-over-hand directions for the task
- Exercising those retained abilities and skills identified in the initial assessment, perhaps during the home visit
- Simplifying a task that may have become too difficult, rather than trying to teach a new skill" (pages 147-149)

Discussion and demonstration. Choose an activity, break down the steps and role play.

Modifying Unit 6 "Staffing"

The Manual states:

"It is essential that staff members have knowledge of dementia's, communication skills, behavior acceptance skills, and group process skills as well as an awareness of losses experienced with AD, primarily the loss of reasoning. Staff must be able to anticipate certain behaviors that require strategic solutions and differentiate between a poor staff response and a positive, successful intervention. All of these topics are covered in this unit.

The interdisciplinary team approach, in which there is communication, cooperation, and sharing among team members, is especially important in caring for participants with AD. Factors discovered to contribute to negative situations as well as successful techniques need to be shared with the rest of the team.

In addition to other information on staffing presented to the aides, it is worth noting that as the numbers of participants with AD increase, so should the numbers of staff-especially if there is a high level of impairment. There should be adequate training and staff support, including respite for staff, rotation of assignments, active cross-disciplinary cooperation, and the sharing of unpleasant tasks." (pages 148-149)

Modifying Unit 7, "Facility and Environmental and Safety Considerations"

Objective 7 Explain the reasons for special adaptations of the physical environment.

Objective 8 Identify special safety concerns.

Read NIAD Standards and Guidelines, pages 109-128.

Review and Discuss the following questions asked by the Manual concerning facility special adaptations and safety:

1. "Why is the common activity area so large? (to avoid causing anxiety because of crowding)
2. Why is the center self-contained, with a minimum number of exit doors and corridors? (in order to provide a safe setting for pacing without encouraging wandering)
3. Why is there reduced sensory stimulation-with limited noise, reflective surfaces, and complex patterns? (to provide a calm and soothing atmosphere and avoid distraction and over-stimulation, also helping the participant to focus attention on the task at hand)
4. Why is there such an emphasis on wearing name tags and making certain that alarm systems are in working order? Why do we practice fire drills? (in order to reduce stress as much as possible in case of an emergency)
5. Why are pathways unusually wide and always uncluttered? (to facilitate the participants' ambulation, compensating for diminished spatial perception)
6. Why are there so many visual cues in the center-for example, clear signs, color-coding, analog clocks? (so that the environment will enhance functioning, rather than add to confusion)
7. Why are there such complex rules about the locks on the doors? (in order to keep the participants safe without violating fire and safety codes)

8. Why are agitated participants not placed in physical restraints? (in addition to legal restrictions on use of restraints, because other techniques, such as distraction, are used in dealing with agitation)
9. Why is there a painted but flat barrier in front of the door leading out of the activity area? or Why is the door disguised? (in order to control wandering)
10. Why is the center testing out alarm ankle bracelets on just a few participants? (to observe the response to the modifications on a trial basis before implementing them fully)
11. Why is there a small locker for each participant's belongings? (In order to have some personal reminders on hand, as well as a full change of clothing)
12. Why is there a shower and why are there so many toilets? (because of the great likelihood of a participant becoming incontinent and the need for frequent, assisted toileting before that happens)
13. Why are some participants not given access to the telephone? (in their confusion, some would be trying to call home constantly)
14. Why are all crafts materials and cleaning products locked away? (because of the risk of their being confused with edible substances and being consumed)
15. Why are the background music and lighting relatively subdued much of the time? (to reduce excess stimulation and limit confusion)
16. Why is there a long, encircling corridor? (in order to provide a safe space for pacing)
17. Why is there a separate room for an individual to use for a short time? (for a participant who needs time away from the group)

Why is there a fence surrounding the outdoor area? (to provide a pleasant outdoor area that does not permit wandering)What other adaptations do you see? What do you think their purpose is?What additional adaptations would be helpful? Why?" 9 page 150-151)

Communication

Objective 9 Demonstrate the special techniques for listening to participants with AD.

Objective 10 Demonstrate the special techniques for communicating with participants with AD.

The Manual states

" In addition to earlier training in communicating with all participants, both verbally and nonverbally, there are some generally accepted special techniques for communicating with

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participants with AD that can be critical to the success of the program aide in caring for these participants.

Communication will probably become increasingly difficult for the participant with AD, beginning with the inability to remember names and certain words and the inability to organize words in a coherent way in order to communicate an idea. Early on, there may be a tendency to substitute similar words for the word not remembered or to use a more general word (for example, "there" rather than kitchen"). This is often part of the effort, initially, to disguise the memory loss and confusion.

Early on, cues, signs and written messages may be helpful. As the disease progresses and verbal communication becomes more difficult (or even disappears), nonverbal communication may become more significant-with touch becoming very useful. (Page 151-152)

Handouts 1 and 2 Techniques for Communicating with Individuals with AD

Discussion and demonstration of handouts. Aides and trainer practice techniques and role play.

Techniques for Communicating with Individuals with AD

The Manual cites the following: " Helping a participant to communicate:

- Be calm and supportive and maintain eye contact to show that you are listening. Show your interest in what she is saying.
- Pay attention to her voice and gestures in order to understand what she is trying to say.
- If you don't understand what she is saying, let her know and ask her to point or gesture.
- If she cannot find a word, you may offer a guess.
- If she uses the wrong word, and you supply the correct word, she may feel less frustrated. However, if correction is upsetting to her, then do not do it again.
- If she is upset but cannot explain what is wrong, offer comfort. Prolonging the effort may just increase frustration.

(Reprinted with permission from Alzheimer's Disease and Related Disorders Association-Communicating with the Alzheimer Patient.)

- Consider innovative techniques, such as the use of pictures of common references.

Helping the staff to communicate:

- Always approach the participant from the front.
- She may be more comfortable if you stay a handshake distance away.
- Keep confusion, distraction, and noise to a minimum.
- Begin each conversation by identifying yourself and addressing her by name, gaining her attention.
- Remember to treat her with dignity and respect. Do not talk down to her or talk to her as though she were a child.
- Speak slowly and distinctly.
- Use short, familiar words and short, simple sentences.
- Explain your actions.
- Break tasks and instructions into steps. Give one simple step at a time.
- Ask one question at a time and allow adequate time to respond.
- Repeat questions or statements by using exactly the same words or phrases.
- Use positive terms-avoid 'don'ts" and "no."
- Avoid phrases that might be used literally ("hop on the toilet").
- Demonstrate your request with gestures.
- Use names for individuals, rather than "he or she."
- Respond with reassurance-do not argue or try to convince.
- Use redirection and distraction-do not confront.
- If communication is not successful, try again later.
- Use nonverbal communication to reinforce a message or to communicate when words are not successful.
- If using touch (holding her hand, putting your arm around her), move slowly and touch gently. But be sensitive-the participant who was uncomfortable with touch before the onset of AD will probably not appreciate it now, so start slowly.

(Reprinted with permission from Alzheimer's Disease and Related Disorders Association-Communicating with the Alzheimer Patient.)

- Never talk about her as though she is not there. Many participants with AD retain the ability to hear and understand after they lose the ability to express their thoughts.
- Ask simple questions that can be answered with "yes" or "no."

- Limit choices and decisions ("Do you want chicken?" rather than "Do you want chicken or fish?"). (pages 151-154)

Avoiding Problems

Objective 11 Demonstrate appropriate interventions to avoid anticipated behaviors that could cause problems.

The Manual states:

" Much of the literature in the field addresses the topic of "managing problem behaviors." NCOA/NIAD prefers the following approach: As this disease progresses, certain situations can trigger behaviors that create problems. The key to success, then , is to anticipate those situations for each participant with AD, and avoid them if possible-by changing the situation or the environment, not the participant. If a difficult behavior is triggered, despite efforts to avoid it, then that behavior is to be accepted and handled in a manner that keeps it from escalating. In each instance, the participant's dignity should be protected. Most participants retain feelings of shame and embarrassment; interventions should be used by staff that do not causes those feelings. It is important for all staff working with participants with AD to remember that often the behaviors exhibited consciously, prior to the onset of the disease. This will help staff to deal with their own emotional reactions and avoid taking words or actions too personally.

Behavior Acceptance

Some behavior, though unusual, may not he harmful and can easily be accommodated (such as providing a box of appealing objects for rummaging). Other behavior may be potentially dangerous, so that protection of the individual must be foremost in plans for accommodation. Behavior acceptance involves changing staff behavior or the environment, rather than attempting to change the participant's behavior. But it does not mean that any and all behavior must be accepted. The rights of the individual must be protected, but so must the rights of the group. Adult day care is a group program. If there is behavior that cannot be redirected and cannot be tolerated by the group, then the participant may no longer be an appropriate candidate for the program.

Problem-solving

Experience has taught adult day care providers that certain situations tend to trigger certain behaviors and that certain interventions will help to successfully deal with the situation, while others will cause it to escalate.

Some general guidelines to apply are these "Six R's":

Restrict: Try to stop the behavior, without upsetting her.

Reassess: What is the cause of the behavior?

Reconsider: Try to adopt her point of view.

Rechannel: Look for a way that the behavior can continue safely and in a non-destructive way.

Reassure: Soothe her, show you care, try to make her feel secure.

Review: Look at what happened and what you have learned.

(Adapted from The 36-Hour Day, page 117)" (pages 152-155)

Problem solving skills are valuable tools when dealing with behaviors that can not be anticipated. The manual teaches, " An applicable approach to problem-solving begins with the "A-B-C" approach to problem identification: In summary, this involves exactly pinpointing the Behavior problem, and identifying the antecedent (or trigger) as well as the Consequences. As possible approaches are considered and tested, there is logical movement toward resolving the problem and changing the consequences. A full explanation as well as application of the approach can be found in The Problem Solving Method, a taining manual developed at the University of Southern California's Ethel Percy Andrus Gerontology Center." (page 155)

Behavior Problems can involve the following listed by the Manual as:

"**Anxiety/agitation**: Anxiety is the state of feeling intense apprehension. If it escalates and causes motor restlessness, it is called agitation. It is caused by perceived threats to self-esteem or well-being.

Do:

- Acknowledge the feeling.
- Reassure.
- Distract.
- Gently remove from the situation if there is agitation.

Don't:

- Try to rationally discuss fears.
- Ignore anxiety, since it may escalate.

Anger/hostility: Anger is displeasure or annoyance. Hostility is the demonstration of anger through threats or violence. Anger is caused by frustration and fear.

Do:

- Acknowledge the feeling.
- Stay calm.
- Remove her from the situation, carefully.
- Protect other participants and staff.

Don't:

- React with fear or anger.
- Be punitive.
- Raise voice.

Pacing/wandering: Pacing may be the result of restlessness and lack of activity. It can escalate into wandering.

Do:

- Encourage exercise and movement and plan to allow pacing.
- Take frequent short walks with the participant.
- Anticipate wandering and plan to prevent it-with all of the modifications to the facility described above, plus measures that will help in emergencies, such as ID bracelets and a file of current photos of participants with AD.
- Gently rescue (rather than apprehend) a wanderer and guide her back to where she should be.

Don't:

- Try to physically force the wanderer to return.
- Interrogate or threaten the participant who has wandered away.

*Wandering is a common challenge in serving participants with AD. Identifying the type of wandering and its causes could lead to increasing successful interventions:

- Confused wandering could be caused by changes in the setting or environment.
- Aimless wandering could be caused by restlessness or it may be a way of saying, "I feel lost" because of the absence of familiar things.

- Determined wandering can be a form of agitation, a catastrophic reaction to a specific situation.

(Adapted from The 36-Hour Day, page 122)

Suspiciousness: With diminished perception adding to the confusion, the participant may be wary of what is going on around her.

Do:

- Acknowledge the feeling.
- Offer reassurance.
- Attempt to be straightforward.

Don't:

- Attempt to argue or explain rationally.
- Whisper.

Talk about her in her presence, near or remote.

Delusions: Delusions are ongoing misperceptions, resulting from a combination of confusion and diminished perception.

Do:

- If it is harmless, just accept the delusion.
- If it is not harmless, offer reassurance.

Don't:

- Argue or attempt to convince the participant that the delusion is not real.
- Become part of it.

Hallucinations: These are sensory experiences unique to the participant, caused by confusion, diminished perception, and also decreased sensory awareness.

Do:

- Acknowledge the feeling.
- Offer reassurance

- Attempt distraction.

Don't:

Argue or attempt to convince the participant that the hallucination is not real.

Rummaging, pillaging, hoarding: The participant, who has lost so much of herself, often searches for things that she thinks have been lost; or she may hide things she is trying to keep from losing, without necessarily needing what she is hiding and often without remembering the hiding place.

Do:

- Attempt distraction if this occurs.
- Provide a rummaging box with appealing items that are not dangerous or valuable.
- Suggest that all participants leave valuables at home.

Don't:

- Become angry or scold her.
- Attempt to explain rationally what belongs to whom and where it should be.

Catastrophic reactions: This can be one of many types of behavior-usually an inappropriate overreaction when overwhelmed-probably resulting from the frustration of trying to use abilities that have been lost. The reaction is compounded by the loss of self-control in the participant with AD. The reaction is not necessarily violent or dramatic; the participant may just seem to be uncooperative stubborn, or nasty.

Do:

- Soothe the participant, remove her from the situation.
- Gently offer distraction.
- Attempt to find the triggering mechanism so that it can be avoided in the future.

Don't:

- Overreact or show fear.
- Criticize her, scold her, or mock her behavior.

Sundowning: Possibly because of diminished awareness, as well as fatigue, the late afternoon is especially stressful.

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Do:

- Add extra light and sound.
- Schedule an activity such as music for late in the afternoon.
- Add an early afternoon rest.

Don't:

- Expect participants to do better on their own as the day ends.

Verbal outbursts: Verbal outbursts can take the form of screaming, yelling cursing, moaning, sexual comments, racial slurs, or degrading remarks.

Do:

- Tell the participant the behavior is inappropriate, possibly reaching into the long-term memory for a cue, such as "Why are you being rude?"
- Try to ignore it.
- Redirect the participant.
- Evaluate for any physical cause and alleviate the cause.
- Remove the participant from the room if the behavior continues and bothers others.

Don't:

- Take it personally.
- Yell back.

Dealing with inappropriate sexual behavior: It is important to understand the need that all persons have for closeness and touching. A behavior that seems sexual may be communicating another need. Exposing or touching oneself or removing clothing may be indications of other than sexual needs, such as needing to use the toilet or having an uncomfortable itch or pain.

Other behaviors, such as masturbation and touching others inappropriately, may make staff and other participants very uncomfortable. However, the aide needs to respond to these behaviors in the same calm, quiet manner as to other problems.

Do:

- Use a calm, quiet, nonjudgmental approach.

- Determine whether the participant needs to use the bathroom or has another physical problem.

- Redirect the participant by offering a glass of juice or a cracker or an activity.

- Remove the participant to a private area if distraction is unsuccessful.

Don't:

- Reprimand or belittle the participant.

- Overreact." (pages 155-160)

Video Presentation

1. Alzheimer - "Care Giving Training" (2 hours)

2. Dealing with Alzheimer's Disease - A Common Sense Approach to Communication (30 minutes)

3. After the Going Gets Rough - (30 minutes)

4. Alzheimers 101 - Managing difficult Behaviors (20 minutes)

Alzheimers 101 - Stress (10 minutes)

References and additional resources refer page 160-161, A Manual for Training the Program Assistant in Adult Day Care, by Mary Brugger Murphy and The Task Force on Training on Adult Day Care, The National Council on the Aging, Inc., 409 Third Street SW, Washington DC 20004, 1993.

Standards and Guidelines for Adult Day Care, The National Institute on Adult Daycare, a constituent of The National Council on the Aging, Inc., 600 Maryland Avenue, SW, west Wing 100, Washington DC 20024.

The Daily Living Centers, Inc., Policy and Procedure Manual and Orientation Manual, 3200 NW 48, Okc., Ok. 73112.

TECHNIQUES FOR COMMUNICATING WITH INDIVIDUALS WITH AD

Helping the participant to communicate:

- ▶ Be calm and supportive and maintain eye contact to show that you are listening.
- ▶ Show your interest in what she is saying.
- ▶ Pay attention to her voice and gestures in order to understand what she is trying to say.
- ▶ If you don't understand what she is saying, let her know and ask her to point or gesture.
- ▶ If she cannot find a word, you may offer a guess.
- ▶ If she uses the wrong word and you supply the correct word, she may feel less frustrated. However, if correction is upsetting to her, then do not do it again.
- ▶ If she is upset but cannot explain what is wrong, offer comfort. Prolonging the effort may just increase frustration.

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- ▶ Consider innovative techniques, such as the use of pictures of common references.

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TECHNIQUES FOR COMMUNICATING WITH INDIVIDUALS WITH AD

Helping the staff to communicate:

- Always approach the participant from the front.
- She may be more comfortable if you stay a handshake distance away.
- Keep confusion, distraction, and noise to a minimum.
- Begin each conversation by identifying yourself and addressing her by name, gaining her attention.
- Remember to treat her with dignity and respect. Do not talk down to her or talk to her as though she were a child.
- Speak slowly and distinctly.
- Use a lower voice pitch for calmness.
- Pay attention to your tone of voice. Does it match your words?
- Use short, familiar words and short, simple sentences.
- Explain your actions.
- Break tasks and instructions into steps. Give one simple step at a time.
- Ask one question at a time and allow adequate time to respond.
- Repeat questions or statements by using exactly the same words or phrases.
- Use positive terms—avoid "don'ts" and "no."
- Avoid phrases that might be used literally ("hop on the toilet").
- Demonstrate your request with gestures.
- Use names for individuals, rather than "he" or "she."
- Respond with reassurance—do not argue or try to convince.
- Use redirection and distraction—do not confront.
- If communication is not successful, try again later.
- Use nonverbal communication to reinforce a message or to communicate when words are not successful.
- If using touch (holding her hand, putting your arm around her), move slowly and touch gently. But be sensitive—the participant who was uncomfortable with touch before the onset of AD will probably not appreciate it now, so start slowly.

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- **Never** talk about her as though she is not there. Many participants with AD retain the ability to hear and understand after they lose the ability to express their thoughts.
- Ask simple questions that can be answered with "yes" or "no."
- Limit choices and decisions ("Do you want chicken?" rather than "Do you want chicken or fish?").

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Video Curriculum

The Daily Living Centers, Inc.,
3200 NW 48
Oklahoma City, Okla. 73112

Training the Program Assistant in Adult Day Care

After the Going Gets Rough - After the Going gets Rough, Good Samaritan Hospital & Medical Center Family Support Services, 1040 N. W. 22 nd Avenue, Portland, Oregon 97210-5198, running time 30 minutes

Alzheimer 101 "Care Giving Training",
Alzheimer 101 Managing Difficult Behaviors
Alzheimer 101 Stress
Alzheimer 101 Unit 8
Daily Living Center Tapes, 3200 NW 48, Okc., Ok. 73112, tapes origin unmarked, running time 30 minutes

Before the Going Gets Rough - Unit 2, Before The Going Gets Rough, Good Samaritan Hospital & Medical Center, Family Support Services, 1040 N.W. 22 nd Avenue, Portland, Oregon, 97210-5198 running time 30 minutes

Dealing with Alzheimer's Disease - Unit 8 Dealing with Alzheimer's Disease, A common Sense Approach to Communication, Distributed by Terra Nova Films, Inc. running time 21:00

Partners in Caregiving:
The Dementia Services Program, Dementia Programming & Activities Series, Tape 1:
Direct Care Techniques Part 1, running time 1 1/2 Hour

Partners in Caregiving:, The Dementia Services Program, Dementia Programming & Activities Series, Tape 2: Direct Care Techniques Part 2, running time 1 Hour 1 Minute.
Partners in Caregiving: The Dementia Services Program, Bowman Gray School of Medicine of Wake Forest University, department of Psychiatry and Behavioral Medicine, Medical Center Boulevard, Winston-Salem, NC 27157-1087, 910-716-4941.

Training the Program Assistant in Adult Day Care- Personal Care -Unit 4, running time 50:00
The National Council on the Aging's National Institute on Adult Daycare presents Training the Program Assistant in Adult Day Care- Personal Care, The National Council on the Aging, Inc. 409 Third Street, SW, Washington DC 20024, 202-479-6957,

Universal Precautions - Unit 4, Universal Precautions, Aids and Hepatitis B Prevention, Produced by MEDCOM, INC., 12601 Industry Street, Garden Grove, CA 92641, 714/891-1443, running time, 31:41

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Appendix E

Addendum One Final Version Preliminary Survey Post Survey

ADDENDUM ONE
FINAL VERSION
PRELIMINARY SURVEY
POST SURVEY

TRAINING THE PROGRAM ASSISTANT

Preliminary Survey

We would like your honest opinion to the following statements and questions. This is not a test and there are no right or wrong answers. The responses will help in evaluating the effectiveness of this training program. The responses will be compiled by an independent evaluator and will assist in further improvements to the program. *YOU DO NOT HAVE TO SIGN THE SURVEY. IT IS ANONYMOUS.*

After you are finished please place your responses in the envelope provided which will be returned to Ms. Nikki DeRamus, National Council on the Aging, Inc., 409 Third Street SW, Second Floor, Washington, D.C. 20024. Thank you for your time.

1. What two things about your job give you the most pleasure?

   1.______________________________

   ____

   2.______________________________

   ____

2. What two things about your job give you the least pleasure?

   1.______________________________

   ____

   2.______________________________

   ____

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3. If you had your life to live over, would you like to wind up in the same line of work as the one you are in now?

( ) yes
( ) no

4. Do you hope to be working in the adult day care field five years from now? Why or why not?

5. Have you had prior training in this field? If yes, what kind?

6. What do you feel are your training needs?

Here are some statements about you and how you feel about your job. Circle "T" for true if you agree with the statement, "F" for false if you disagree with the statement, and "DK" for don't know if you are undecided.

7. I feel that I am happier in my work than most other people.

T F DK

8. Most days I am enthusiastic about my work.

T F DK

9. Each day of work seems like it will never end.

T F DK

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10. I definitely dislike my work.

T F DK

11. I find real enjoyment in my work.

T F DK

12. I will probably look for a new job in the next year.

T F DK

13. I often think about quitting.

T F DK

Please answer the following question. Use the scale below and circle your answer.

14. How likely is it that you could find a job with another employer with about the same pay and benefits you now have?

Not at all likely		Somewhat likely		Quite likely		Extremely likely
1	2	3	4	5	6	7

Please read the following statements. Circle "T" for true if you agree with the statement, "F" for false if you disagree with the statement, and "DK" for don't know if you are not sure.

15. The older you get, the more set in your ways you become.

T F DK

16. Old age starts at different ages for different people.

T F DK

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17. Old people too often like to meddle in other people's business.

T F DK

18. Older people become grouchy and stubborn with the years.

T F DK

19. Old people can, and are, learning new things all the time.

T F DK

20. Older people cannot expect to lead a completely full or satisfying life.

T F DK

21. As you grow older, you become less and less useful.

T F DK

22. People get shorter as they grow older.

T F DK

23. You can't teach an old dog new tricks.

T F DK

24. I think it is usually a mistake for people over 65 to marry.

T F DK

25. I believe a person is really glad to retire from work.

T F DK

26. Old people usually don't talk very much.

T F DK

27. Old people are adjusting to new conditions all the time.

T F DK

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28. There should be special radio and TV programs for old people.

T F DK

29. Old people like to boss everybody.

T F DK

30. As you grow older you must expect to depend upon others.

T F DK

31. A person should always try for something better, no matter how old he/she is.

T F DK

32. I prefer to be with people of my own age.

T F DK

33. Older people need special foods.

T F DK

34. Physical exercise of some kind is good for you as you grow older.

T F DK

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Please complete the following to assist us in the collection of information to better analyze the survey responses. The completion of this form is voluntary. Thank you.

Gender: Male_______ Female_______

Education: Less than high school diploma_________
High school diploma__________________
Some college______________________
AA degree_________________________
BS/BA degree_______________________
Graduate degree_____________________

Ethnicity: African American_____________________
American Indian or Alaskan Native_____
Asian or Pacific Islander_____________
Hispanic__________________________
White (not of Hispanic origin)________

Age: Under 30_______
30 - 39 _______
40 - 49 _______
50 - 59 _______
60 and over_____

Experience in the field:_______years_______months

Job title:______________________

How long have you worked at your present adult day care center? ________years ________months

How many hours a week do you work at the adult day care center? ________hours

Training site: California__________
Georgia_____________
Illinois____________
Maryland/DC_________
New Jersey__________

The End
Thank you again!

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